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ABSTRACT

Thirty-three Parent-Child Centers (PCCs) are grouped into five clusters according to thematic orientation of content or intent for parents' and children's programs in order to provide models which may be viewed as strata in selecting Centers as sampling points for Phase II of the national PCC evaluation--an in-depth study of project impact on low-income member families at the sample Centers. The rationale is presented for the choice of the particular Center to be studied within each cluster. Seven chapters make up the report, the first describing the techniques used to obtain the clusters. Chapters II through VI describe the five clusters identified, the implications for impact which might be expected as a function of each model, and the characteristics of the Center chosen to represent each particular model in Phase II. Chapter VII summarizes characteristics of PCCs selected as sampling points for the Phase II investigation of impact. Appendices are included on focus and leadership items, variables entered in preliminary clustering attempts, and additional data descriptive of the centers within each cluster. (LH)

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CLUSTERING AND THE SELECTION OF A
REPRESENTATIVE SAMPLE OF PARENT -
CHILD CENTERS FOR A STUDY OF THE
IMPACT OF THE NATIONAL PROGRAM

Prepared for
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The information used to cluster the Centers is based on site visits. We wish to re-express our appreciation to staffs and parents at these Centers for their wholehearted and genuine participation in every aspect of our field work.

TABLE OF CONTENTS

	<u>PAGE</u>
SUMMARY	i
 <u>INTRODUCTION</u>	
Rationale	1
Method of procedure	1
Sample	2
Data collection instruments	3
Aims of this report	4
 <u>CHAPTER I. TECHNIQUES USED IN CLUSTERING THE CENTERS.</u>	
Introduction	6
Clustering as a technique	6
First Phase: Computer clustering of objective variables ...	7
Second Phase: Reducing the variables	10
Third Phase: Clustering on "component summary" variables ..	11
Fourth Phase: Clustering according to underlying theme	13
The cluster models determined	17
Selection of centers for Phase II of the study	19
 <u>CHAPTER II. CLUSTER 1: CENTERS WHICH STRESS PROGRAMS TO IMPROVE PARENTING SKILLS, AND GENERAL CHILD DEVELOPMENT.</u>	
Description	23
Overview	23
Parent education component	23
Child education component	26
Site selection	28
 <u>CHAPTER III. CLUSTER 2: CENTERS WHICH STRESS PROGRAMS TO IMPROVE PARENTING AND COGNITIVE DEVELOPMENT FOR CHILDREN.</u>	
Description	30
Overview	30
Parent education component	30
Child education component	32
Site selection	34

PAGE

CHAPTER IV. CLUSTER 3: CENTERS WHICH FOSTER CAREERS FOR
PARENTS AND COGNITIVE CHILD DEVELOPMENT.

Description	35
Overview	35
Parent education component	35
Child education component	36
Site selection	38

CHAPTER V. CLUSTER 4: CENTERS WHICH FOSTER CAREERS FOR
PARENTS AND GENERAL CHILD DEVELOPMENT.

Description	39
Overview	39
Parent education component	39
Child education component	40
Site selection	41

CHAPTER VI. CLUSTER 5: CENTERS WHICH PROMOTE OVERALL
WELL BEING OF PARENT AND CHILDREN.

Description	42
Overview	42
Parent education component	42
Child education component	44
Site selection	46

CHAPTER VII. REPRESENTATIVENESS OF PCC'S SELECTED FOR
PHASE II SAMPLE.

Clusters	47
Home visit programs	49
Locale	49
Number of children served	50
Parents on staff	50
Other staff characteristics	51
Decision-making power of the PAC	51
Types of families served	51
Ethnic proportions	52

	<u>PAGE</u>
<u>APPENDIX A. FOCUS AND LEADERSHIP ITEMS</u>	53
<u>APPENDIX B. VARIABLES ENTERED IN PRELIMINARY CLUSTERING ATTEMPTS.</u>	
The first clustering run	63
The second clustering run	65
The third clustering run	67
<u>APPENDIX C. ADDITIONAL DATA DESCRIPTIVE OF THE CENTERS WITHIN EACH CLUSTER.</u>	
<u>CLUSTER 1 CENTERS</u>	
Social service component	70
Staff patterns	73
Level of PAC activity	75
Focus items	77
Leadership	86
<u>CLUSTER 2 CENTERS</u>	
Social service component	91
Staff patterns	92
Level of PAC activity	94
Focus items	96
Leadership	105
<u>CLUSTER 3 CENTERS</u>	
Social service component	111
Staff patterns	112
Level of PAC activity	113
Focus items	114
Leadership	120
<u>CLUSTER 4 CENTERS</u>	
Social service component	123
Staff patterns	123
Level of PAC activity	125
Focus items	128
Leadership	135

	<u>PAGE</u>
<u>CLUSTER 5 CENTERS</u>	
Social service component	139
Staff patterns	139
Level of PAC activity	140
Focus items	143
Leadership	152

SUMMARY

Thirty-three Parent-Child Centers have been grouped into five clusters according to thematic orientation of content or intent for parents' and children's programs. That has been done to provide models which may be viewed as strata in selecting Centers as sampling points for Phase II of the national PCC evaluation -- an in-depth study of project impact on low income member families at the sample Centers. Program characteristics held in common by Centers in each of the five clusters may be summarized as follows:

<u>Cluster Number</u>	<u>Parent program</u>	<u>Children's Program</u>
1	Educational thrust toward "parenting" -- teaching of child development and home management skills	General developmental-affective approach, providing "warmth and comfort"
2	(Same as Cluster 1)	Emphasis on cognitive stimulation -- elements of a planned learning approach
3	Fostering careers -- help toward establishing educational credentials or day care provision for working mothers	Emphasis on cognitive stimulation
4	(Same as Cluster 3)	General developmental-affective approach
5	Generally supportive, emphasizing provision or referral of social services	General developmental-affective approach

Several preliminary attempts to cluster PCC's meaningfully along empirical dimensions or goals failed because of the great diversity among individual Centers. After the above typologies were derived, further stratification was obtained on the nature of home visit programs:

<u>Type</u>	<u>Families Served in Home Visits</u>	<u>Content of Home Visit Activities</u>
1	A significant proportion of home visit families are different from those served at the PCC -- home visits used to extend PCC service to a greater range of families	Emphasis on social service and general supportive activities
2	(Same as Type 1)	Emphasis on cognitive/educational instruction
3	Home visit families tend to be the same ones served at the PCC -- home visits used to supplement or reinforce activities at the Center	(Same as Type 1)
4	(Same as Type 3)	(Same as Type 2)
5	Essentially no home visit program -- visits made only irregularly to meet special circumstances . . .	

Six Centers were selected to represent all cluster and home visit strata in the Phase II sample. Those Centers, were also chosen with an eye toward balancing on staff patterns, PAC decision-making power, locale, etc., in relation to the population of all 26 Centers which do not have an Advocacy Component. Advocacy sites were excluded from consideration because of the atypicality introduced by the presence of that function.

INTRODUCTION

I. RATIONALE

Phase I has involved the collection of information descriptive of individual Parent-Child Center (PCC) programs. The main purpose of these data collection activities has been to identify different clusters of Centers. With this accomplished, it will be possible to study, in depth, the participants from Centers representing each of the clusters. In this manner it should be possible at the end of Phase II to provide an overall catalogue of impact upon the lives of participants in the PCC program nationwide, founded on a representative sampling of Centers.

Phase I data collection activities were specifically geared to obtaining descriptive data along as many important PCC dimensions as could be anticipated, for the purpose of clustering the Centers. In addition, the Center for Community Research (CCR) was asked to collect preliminary impact data at each site. The results of this aspect of Phase I research activities have been presented in a separate report¹ and will not be discussed further here.

METHOD OF PROCEDURE:

The method of Phase I data collection is also discussed in that report in great detail and will only be summarized here.

-
1. Report on Preliminary Impact Data: A National Study of the Parent-Child Center Program. January, 1972.

CCR staff visited each PCC during the 11-week period extending from October 27, 1971 - January 11, 1972. During this period, 33 PCC's were visited. Dalton, Georgia and Summerville, Georgia (LaFayette) have been treated for purposes of data analysis as two separate Centers. This distinction was made on the basis of our findings at these Centers. Each Center employs a separate Director, and functions completely autonomously from the other. Thus, data were collected at all PCC's, with the exception of Alaska.

Interviews were conducted by eight full-time CCR professional staff members, augmented by one Sociology doctoral student, whose work had been previously known to the CCR.

Individuals, or teams of interviewers, were assigned to PCC's for an average of four interviewer-days at each site.

Sample:

Interviews were completed with 33 Directors, 327 staff, and 385 parents.

Staff members were selected on the basis of interviewer judgment (with central CCR office consultation in unclear cases) so as best to represent the variety of PCC job functions, levels of training and/or experience, and local program variations at separate sites within a single PCC grant.

Directors and other staff members were asked to arrange parent interviews at various sites with parents who were knowledgeable, and as aware of various program elements as

possible. In addition, parents were approached at the PCC's and asked for interviews, which were invariably granted.

Data collection instruments:

The data collection instruments used for all of Phase I activities are described in the Preliminary Impact report in some detail. For the purposes of this present report only those aspects of the interview schedule which are germane to CCR clustering efforts are presented.

1. Director form:

Includes five sections dealing with PCC goals, staff organization, programs for children and parents, medical services, and social services, respectively.

2. Parent form:

Includes a set of judgments to be made on nine areas of focus, both in terms of how the participant sees it and how he would like it to be. These focus items are presented in Appendix A.

3. Staff form:

Includes the focus items described above, and a set of leadership items. The leadership items require a judgment to be made along several descriptive dimensions of the leadership style of the Director. Staff was asked to describe their Director along these dimensions and to describe their ideal Director. These items are also to be found in Appendix A.

AIMS OF THIS REPORT:

The specific aims of this report are to present the clusters which have been identified as an outgrowth of Phase I activities and to delineate the possible effects, in terms of impact, which might be found in Phase II in relation to each PCC model identified. In addition, the report presents the rationale for the choice of the particular Center to be studied within each cluster.

Seven of the 33 Centers studied are Advocacy Centers. Since they are being studied by CCR as part of a study of the impact of the Advocacy Component it has been decided to exclude them from the PCC impact study. This exclusion is based on two reasons. The Advocacy Centers include a whole new element which is not typical of PCC's and thus no Advocacy Center can be said to be representative of other Centers within its cluster. In addition, to use one Center for two different aspects of a study which will include quite different data collection instruments is likely to produce massive confusion both at the Center and among CCR interviewers.

Having excluded the seven Advocacy Centers there are still many Centers to choose from within a cluster and the reasons underlying a particular choice within a cluster will be outlined in detail.

The report is organized into seven major chapters. Chapter I will describe the techniques used to obtain the clusters, including the final approach used. Chapters II through VI will describe the five clusters identified, the

implications for impact which might be expected as a function of each model, and the characteristics of the Center chosen to represent each particular model in Phase II. Chapter VII summarizes characteristics of PCC's selected as sampling points for the Phase II investigation of impact.

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CHAPTER I

TECHNIQUES USED IN CLUSTERING THE CENTERS

INTRODUCTION

The great diversity of program elements, staffing and membership patterns, and community characteristics among the 33 Parent-Child Centers has provided a formidable analytic task.

It is important to describe something of the methods pursued and the rationale underlying them in the quest for meaningful groupings. An understanding of what did not work will be helpful in providing a context both for what did work and for a clearer picture of the divergent PCC characteristics.

Essentially, four "rounds" of preliminary clustering were conducted before the final results were obtained at a final stage. Those approaches will be outlined below, but first a few general comments about clustering as a technique are in order.

CLUSTERING AS A TECHNIQUE

Clustering is a means of grouping things according to characteristics they hold in common. Statistically, they are methods of correlating entities (Parent-Child Centers, people, questionnaire items -- whatever) on several variables taken together.

Two points so often brought up when discussing statistical methods and computers are apropos of this study as well. For one thing, it is certainly true that results will be only as

relevant and meaningful as are the data fed into the machine. The selection of variables and the form in which these are entered have everything to do with the clusters obtained.

Then, too, it is not enough merely to have correct data with proper weights assigned to various aspects. There remains the problem of deciding how many clusters are "enough" or "right."

Both of these observations lead to the conclusion that the analyst's judgment is a necessary ingredient in any clustering procedure. CCR has exercised judgment throughout. No claim is made that the results of this study are in any way inevitable. CCR only hopes to have provided a useful way of looking at Parent-Child Centers.

FIRST PHASE: COMPUTER CLUSTERING OF OBJECTIVE VARIABLES

The first clustering attempt was made by entering data for a rather large number of variables (38) on the computer and running the CCR cluster program.¹

Variables were chosen by reviewing all questionnaire materials and listing dimensions or items considered descriptive of program operation at each PCC. Some of the dimensions culled were taken directly from questionnaire responses -- the number of children served, the amount of referral activity by a Center, who is eligible for medical or dental care, the

¹ The variables entered for this and the following unsuccessful clustering runs appear in Appendix B.

types of educational topics offered to parents, percentage of the PAC (or controlling board) who are parents, and so on. A few were indirect or composite measures, such as the ratio of enrolled members to staff or the degree to which the Director or PAC makes final decisions.

The clustering program designed for the study operates very straightforwardly. A brief overview of how it works may be helpful toward understanding what was sought.

The program begins by treating the Centers as 33 separate groups, one PCC to a group. It then seeks out those two Centers which correlate most positively over all the variables entered and joins them, leaving 32 groups including the twosome just created. Also, within that cluster of two PCC's, scores for each variable are averaged so that the grouping may be treated by the program as a single entity for further comparisons.

The process continues, with the best match between entities being found each time. The number of groups remaining is reduced by one each time. The program may combine a single Center with an already-created twosome or threesome, or it may join individual Centers. Near the beginning of a run, it will tend to combine individual Centers with each other. Toward the middle stages, it will start to bring additional members into groups that already contain more than one. Finally, it will join multiple-unit groupings with each other until there are just two large clusters left. (It is useless to combine those two because doing so would put you right back where you started -- with 33 undistinguishable PCC's.)

The program systematically tries to produce groupings of Centers that are as similar as possible to each other,

while making the groups themselves as different from one another as it can.

The judgmental nature of deciding how many clusters are "enough" is lessened because the program prints out an error term at each step that indicates, in effect, how different the clusters are at that point. Almost always this indicator will change in value markedly at some point in the run, suggesting that subsequent combinations are not as valid because of the magnitude of the error term.

Not much hope was held that meaningful clusters would be found using as many as 38 variables. There were too many ways that PCC's could be found to be different and it was expected that some clusters would be based on less relevant variables. That is exactly the way the results turned out. The resultant clusters made little or no sense in the opinion of CCR staff.

Another clustering attempt was actually parallel with the one just described. It was hypothesized that if Centers could be identified which showed sizeable gaps between parents' and staff's ratings on the focus and leadership items (or between "actual" and "ideal" ratings within either group), then features of Center functioning might be related to degree of common perception or "satisfaction." That clustering did discriminate among Centers. However, it was again true

that resultant groupings of PCC's showed little rhyme or reason in terms of program elements or other major descriptive characteristics.

SECOND PHASE: REDUCING THE VARIABLES

As part of the first phase, the variables themselves were also clustered. That separate analysis showed that there was statistical overlap between or among a number of them. That is, some of the information was found to be at least partially redundant. Duplications were weeded out. In addition, the judgment was made that some variables were clearly more important than others. The suggestions of the Review Panel in terms of possible important dimensions were specifically incorporated.

Finally, some measures were found to discriminate among Centers better than others. For instance, the percentage of participants who are children did not discriminate nearly as well as, say, the percentage of staff members who are professionals.

In short, much more concentration was focused on selecting or creating variables which described only major aspects of a PCC's operation. New dimensions, such as the proportion of service offered at the Center or in the home (as measured by the number of participants and the hours spent), were

added to the list of variables while less important, non-discriminating and redundant ones were dropped. The list that had numbered 38 became one of 20. Even so, the clusters obtained were relatively loose and confused.

THIRD PHASE: CLUSTERING ON "COMPONENT SUMMARY" VARIABLES

All of the foregoing had made it quite apparent that the clustering variables could be reduced in number and condensed in content without making appreciable progress toward obtaining well defined cluster models. Clustering along empirical dimensions turned out to be impossible because of the individualistic nature of the Centers.

From a program point of view the uniqueness of each Center makes for a great richness and variety of experience. From an evaluation or model-building standpoint that uniqueness does not permit clustering along more than a very few important dimensions.

The degree of individualization reached became much clearer when important data on each component of Center function (staffing, childhood program, etc.) were arrayed on charts for each PCC. Visual comparisons of Center profiles showed most cogently the need to devise inputs anchored in those components.

Four "component summary" variables were constructed to reflect the relative presence or absence of various Center

functions within each component. Centers were given scores ranging from 3 to 1 within the components. For example, a PCC was given a 3 to describe its childhood program if each of five separate aspects were present: (a) appropriate toys or equipment (in the CCR interviewer's opinion), (b) a general warmth and understanding toward children by staff members (again in the interviewer's opinion), (c) children's sessions at the PCC at least three times a week for a total of eight hours, (d) at least one teacher and teacher aide for every group of five children served, and (e) a child development specialist either on staff or available for extensive consultation. A 2 or a 1 was assigned if only parts of the component so defined were present.

Similar composite or summary variables were constructed for adult educational programs, social service activity, and parent responsibility. Moreover, the variables were weighted so that the childhood component was most important in clustering, adult education was next most important, social service was third in emphasis and parent responsibility was given the least weight relative to the others.

That procedure resulted in six clusters showing apparent validity and coherence, but there was a by-product deemed rather undesirable. Centers were being grouped on the basis of "goodness" or "mediocrity." It is quite possible that Centers

may be doing similar things, but that some are doing them more effectively than others. Both types could logically be representative of the same model, but this method would not permit that. In other words, the "goodness" or "badness" of a Center has nothing to do with model-building. Any model can have within it "good" or "bad" Centers.

FOURTH PHASE: CLUSTERING ACCORDING TO STATED OBJECTIVES

A possibility considered was to cluster on the basis of objectives. In fact, three objective-oriented approaches were investigated, and each was found wanting.

First, Directors had been asked to state the objectives of their PCC's in their own words. That resulted in a variety of generalizations which CCR interviewers often found difficult to pin down into specifics. When "specifics" had been arrived at, two outcomes were observable. Some objectives thus obtained were specific just to one or a very few Centers mentioning them -- such as increased father participation, establishing a dental group liaison, or finding and hiring a staff member to begin one particular program. Other objectives seem to mirror the list of six national goals, and in about the priority order of the national listing. This was not an adequate means of discriminating clusters.

Then, Directors' priority rankings of those six national PCC goals (when these were read) tended to follow the OCD ordering. Again, no adequate discrimination into Center groupings occurred.

Finally, it was felt that interviewers' observation and understanding of program elements or procedures could lead to a classification based on the national goals. It was possible that some Centers were mainly trying to overcome deficits in children (national goal #1), others trying to strengthen family organizations through whole-family activities (goal #3) and so on. It soon became apparent that all goals except, possibly, the one bearing on research and evaluation, were in essence related to the first two goals -- overcoming deficits in children and improving the skills, attitudes, and motivations of parents.

For example, all Centers encourage community involvement of enrolled families (goal #4). In fact, two Directors mentioned this as their highest priority goal out of the six. However, encouraging a sense of community is accomplished either directly or indirectly through children's and parents' programs. If it were done otherwise, the Center would become either a neighborhood social club at one extreme, or a community lobbying organization at the other.

The decision was made to distribute the Centers just on the basis of their approaches to parent and child programs, those being considered of paramount importance.

FINAL PHASE: CLUSTERING ACCORDING TO UNDERLYING THEME

In addition to their stated objectives, each PCC has an overall implicit underlying objective with regard to children's

programs and with regard to parent programs. It is on the basis of these underlying objectives that CCR has grouped the Centers. The result is a series of models flowing from intent rather than from operation.

Analysis of all the arrayed PCC summary data yielded three essential and separate overall objectives for parent programs:

1. The enhancement of parenting skills, shown by emphasis on instruction in child development and home management skills. The driving force of these PCC's is to make mothers better mothers.
2. The fostering of career opportunities, shown by the affording of basic educational instruction (at the PCC or through college affiliations) or by providing child care facilities which permit parents to hold jobs outside the PCC.

3. The provision of general succorance to parents so that they may function better as human beings, shown by the degree or type of social services afforded and the primarily social nature of Center activities.

Childhood component objectives vary in two basic manners:

1. The adoption of a relatively structured and carefully planned cognitive stimulation approach.
2. The provision of a general developmental-affective environment for children.

Theoretically, each of the three parent-oriented objectives may be matched with each of the two children's orientations, resulting in six clusters. However, no Center was found to be truly representative of the model that provides cognitive stimulation to children and general succorance to parents. Thus, five models will be described in this document.

These models were derived without the use of the computer. While results from the programmed runs described above were useful in successively structuring CCR's thinking, it seems the PCC's are too diverse to permit meaningful clustering by machine on more than a very few variables.

THE CLUSTER MODELS DETERMINED

The following five models were obtained:

Cluster 1: Parenting Objective for Parents,
Developmental-Affective Objective for Children

Boston
Cleveland
Detroit
Honolulu
Louisville
Menomonie
Minneapolis

Cluster 2: Parenting Objective for Parents,
Cognitive Objective for Children

Atlanta
Baltimore
Chattanooga
Cincinnati
Jacksonville
Leitchfield
Mount Carmel
Summerville

Cluster 3: Career Objective for Parents,
Cognitive Objective for Children

Dallas
Pasco
Philadelphia

Cluster 4: Career Objective for Parents,
Developmental-Affective Objective for Children

New York

Oakland

St. Louis

Washington

Cluster 5: General Succorance Objective for Parents,
Developmental-Affective Objective for Children

Chicago

Dalton

Fayetteville

Huntington

La Junta

Los Angeles

Newark

Newport

Omaha

Pine Ridge

Portland

SELECTION OF CENTERS FOR PHASE II OF THE STUDY

From each of the clusters described in the next five chapters, a PCC has been selected as a sampling point for the study's second phase. An extra Center was chosen from the first cluster to balance Phase II sample stratification on dimensions other than parent- or child-orientations of programs as well. Here in overview are the further principles which guided all six selections.

Two factors served to rule PCC's out from Phase II consideration. First, all seven sites chosen as Advocacy Components were excluded. The addition of the advocacy function was felt to make those PCC's somewhat atypical of the national project. Also, impact of Advocacy Components is to be evaluated separately and it is quite possible that interviewing for both PCC and Advocacy would cause undue procedural complications.

The second limiting factor was the apparent stability of certain PCC programs. It was decided that if a Center had not maintained programs of the types observed during Phase I for at least six months, there was a likelihood that program elements might change markedly during the Phase II year. Excluding possibly "unstable" Centers does not guarantee that representiveness will remain secure, but it does increase the probability of that.

The type of home visit program maintained by a Center was used as a selection variable. Five distinct groupings of PCC's were found in this respect.

Type 1: A significant proportion of children and parents served in the home do not participate in programs at the Center, although some may do so. Home visits here are a means of extending services to a greater number of catchment area families than can be served at the Center. Also, to be of Type 1 the content of home visit activity focuses mainly on supportive or social services.

Type 2: This home visit program also reaches out to families different from those participating at the PCC, but home activities are more cognitive and educational in orientation.

Type 3: The great majority (or all) of families reached in their homes are also served at the Center. Home visits are at least partly a means of supplementing or reinforcing in-Center work. Activity content is mainly supportive or social service.

Type 4: Again, there is a high degree of overlap between those served in-Center and in-home. Type 4 content orientation is cognitive.

Type 5: These PCC's have no home visit program or go to only a few families on an irregular basis in special circumstances.

Finally, an attempt was made to include both urban and rural Centers, since this dimension has much to do with the availability of local resources, the types of families served, and the development of programs.

To recapitulate, Phase II PCC's were selected to include the following:

1. Centers from each of the five clusters documented in this report, the clusters representing various major aspects of program orientation;
2. No center already chosen to include an Advocacy Component;
3. No Center whose programs were considered rather changeable by the OCD Program Coordinators over the six months prior to this report;

4. Centers representing each of five types of home visit program; and
5. Both urban and rural Centers.

A summary of the six Phase II sample Centers appears in Chapter VII, showing how they compare with national PCC profiles on the above dimensions and others as well.

In the remainder of this report each cluster will be presented only in terms of the implicit objectives which bring that group of Centers under a common unifying theme. Additional data on the Centers within each cluster are presented in Appendix C. Thus, the reader who wishes to know how the Centers are similar or how they differ along specific dimensions is referred to the Appendix. Data included there are: social service component data, including specific services, staffing, and referral patterns; staff data, including educational background of the Director, longevity, and staff distribution among components; level of PAC activities; and type of family served. Means and standard deviations for all Centers, by cluster, on the focus and leadership items are presented in the Appendix. Inspection of these data will bear out the conclusion that Centers within a cluster differ tremendously along important empirical dimensions.

CHAPTER II

CLUSTER 1: CENTERS WHICH STRESS PROGRAMS TO IMPROVE
PARENTING SKILLS, AND GENERAL CHILD DEVELOPMENT:

Boston, Cleveland, Detroit, Honolulu, Louisville,
Menomonie and Minneapolis

I. DESCRIPTION:

A. Overview:

Centers in this cluster focus upon developing and enhancing the skills of parents as parents, and as homemakers. Emphasis is placed upon teaching mothers to fulfill their roles as mothers better, with relatively little attention given to vocational training or orientation. The primary objective is to sensitize each mother to her child's needs for warmth, comfort, nurturance, and support.

All of these Centers maintain children's programs to fulfill two essential purposes. First, the existence of an on-site children's program provides the mother with a model of actual work with children. From this, mothers are able to see others work with their own children under staff supervision. In effect, the children's program creates a practicum for the mothers-in-training. Secondly, children participating in the program are assured of receiving emotional warmth and good physical care, at least during program hours.

B. Parent education component:

As noted in the overview, the primary objective of Centers in Cluster 1 is to promote parenting skills; it is not mainly to promote or to facilitate careers or to foster general growth through the provision of supportive social services. Thus, in all of the Cluster 1 Centers, there is specific staff time set

aside for parent education. Since the goal of these parent education programs is to develop more competent parents and family managers, almost all of these Centers stress areas of education in addition to child development. Home management, or family life education is stressed in most, including such topics as nutrition, cooking of meals and menu planning, sewing, consumer education, and budgeting. Many Centers find that sewing, in particular, is an extremely popular activity. It is useful as an initial activity for attracting mothers to the program, and for conveying the idea that this is a program for mothers as well as for children. Some form of health education is another element common to all of the Cluster 1 Centers. Good parenting implies taking responsibility for guaranteeing to children the appropriate preventive and remedial health services.

Two of the Cluster 1 Centers have developed a college affiliation, while only one provides basic adult education. The paucity of such formal educative programs is understandable in a context which places relatively less emphasis on the development of career opportunities and marketable skills. The assumption seems to be that working with one's own child, under the supervision of a person trained in child development, is more effective as a learning technique than is a didactic course.

In all Cluster 1 programs, parents are encouraged or expected to work with focal children and are given the opportunity to observe staff handling their children. Throughout, the view

of children's programs as a babysitting service is discouraged. Emphasis is placed upon the education of the mother through work with the child.

The programs vary as to whether the mother is expected to come and work with her own baby, or whether she is expected to work in the nursery in general fashion. While in a minority of programs general nursery participation is considered adequate education, in most programs there is an emphasis on workshops and parent discussion groups. Sometimes these include the participation of outside consultants; most often, the teachers in the children's programs assume total responsibility. Ideally, parent education activities are the responsibility of a separately-designated parent educator.

While in each of these programs there appears to be a core of mothers who are genuinely involved, who attend program regularly with their babies, and who are learning about the needs of children, it is difficult to achieve 100% parent involvement. There seem always to be those parents who simply do not stay at the Center to work with their children. In some Centers, maternal participation in the early childhood component has been made a requirement for continued membership. However, such a stipulation has occasionally meant losing some members. This, in turn, raises very definite questions among Center staffs as to whether it is fair for babies to suffer exclusion due to maternal non-participation. Some contend that the child otherwise, gains nothing from a

program unless the mother does participate. Otherwise, the Center parent education program is not reinforced through supervised work with the children. Others argue that it is the very babies whose mothers do not participate in the PCC who are most in need of some form of intervention; the notion is that some service is better than none at all.

C. Child education component:

Cluster 1 Centers emphasize the provision of a warm, emotionally supportive environment to focal children. While some of these Centers have certain aspects of a more structured approach, it was felt by CCR observers that the overall thrust was in the direction of emotional, rather than cognitive development. For example, in the infant program heavy emphasis is placed upon holding the baby, upon rocking and cuddling, upon allowing physical movement and freedom, and upon providing good physical care for the infant. In the toddler and runabout programs, similar emphasis is placed upon the fostering of warm teacher-child interaction, on "creative" activities such as painting or collage making, upon gross motor activity, and upon music and rhythm activities.

While all of the Cluster 1 Centers maintain children's programs, in none of these Centers do children remain all day. The amount of time spent by each child in the Center, on a weekly basis, varies widely from Center to Center. For example, in some Cluster 1 Centers, any given child may spend only an hour or two during the course of a week; in other Centers, the children may come four mornings or afternoons per week. The

range is between one Center which serves infants for two hours and toddlers for four hours a week, to two programs which serve all children for 20 hours per week.

The time spent in program by the children reflects the emphasis upon teaching parenting skills. That is, the Centers do not seek to act in locus parentis; no parent program would mandate the parents all-day participation, four or five days per week. Thus, the participation of children is related to the particular program strategy, in terms of the nature and extent of mothers' Center involvement. The degree of child involvement is also related to staff estimates as to the minimum amount of contact required to achieve impact upon the lives of participants.

Six of the Centers maintain an outreach program, in which children and mothers are visited in their homes for about one hour a week. This aspect of the Center program is seen either as a mechanism for reinforcing Center-based learning, as a mechanism for social service delivery to parents, or as a way of extending the program to a greater number of children than can be accommodated at the PCC.

In summary, Cluster 1 Centers exhibit the following characteristics which are related to the two clustering dimensions:

1. Parent participation in programs, including work with the children, on a practicum basis.

2. Parent participation in child development, home management, and health education activities.
3. A well equipped, emotionally rich environment for children.
4. Participation by children that is not full-time, since the goal of the Center is to teach parenting rather than to act as substitute parent.

II. SITE SELECTION:

Detroit and Menomonie have been selected as representative Centers from this cluster. Detroit has the following characteristics: its program has been relatively stable over the last six months; it is one of the three urban Centers selected for Phase II study, and its in-home component serves children other than ones served at the Center. In this program infants do not come to the Center and are served only in the home.

The primary thrust of the home visits is to establish a relationship between mother and worker so that necessary linkages between health and social services and the family can be made (Type 1).

Menomonie, although also a member of this cluster (the adult program stressing parenting and the children's program being largely developmental/affective) differs from Detroit in other respects. It is rural. Also, Menomonie's home visit program reaches a selection of the same children who came to the Center. The content of home visits is largely cognitive -- another departure from the Detroit program.

Thus, the pairing of Detroit and Menomonie solidly represent Cluster 1 characteristics in the sample, and provide variations of outreach characteristics.

CHAPTER III

CLUSTER 2: CENTERS WHICH STRESS PROGRAMS TO IMPROVE
PARENTING AND COGNITIVE DEVELOPMENT FOR CHILDREN:

Atlanta, Baltimore, Cincinnati, Chattanooga, Jacksonville,
Leitchfield, Mt. Carmel, Summerville

I. DESCRIPTION:

A. Overview:

As with Cluster 1, Cluster 2 Centers place emphasis on parent education, particularly in the areas of parenting and homemaking.

Cluster 2 Centers differ from those of Cluster 1 primarily in terms of their children's program. While not denying the importance of a warm and comforting environment, particular emphasis is placed upon enhancing the cognitive development of focal children. The overall philosophy by which Cluster 2 Centers are governed is that economic and culturally disadvantaged children lag behind middle class children in terms of cognitive development. In order to bridge this cognitive gap, the PCC programs in Cluster 2 seek to provide stimulation and to emphasize the development of specific cognitive skills.

B. Parent education component:

As noted, Cluster 2 Centers parent programs approximate those maintained in Cluster 1. Therefore, areas of similarity will not be discussed here.-

However, as a function of the different focus in the children's program, i.e., a focus upon cognitive stimulation, certain differences emerge in those areas where the children's and parents' programs are inter-related. The essence of the children's program is a structured curriculum which promotes the teaching of highly specific activities to parents, who are in turn urged to practice these with their children.

As is stated in a booklet written expressly for parent information purposes in one of the Centers, parents are told that: "Parents enrolled in our program have an obligation to work and learn in the Center and in the home, in order to become more effective in the instruction of their children."¹ In this Center, as with the others of Cluster 2, a major part of the parent education program relates to teaching parents to stimulate their children, along cognitive dimensions. Again quoting from the parent handbook cited above: "Parents and teachers together work with the children, one aim being to improve the skills of parents in their mothering role because we believe that the best teacher of a child is the child's own mother. ...In addition to accelerated child growth, a very important result is a change in the mothering skills and self confidence of mothers as they learn that playing with their children with a purpose in mind leads to good things."²

Four of the Centers provide tutoring and basic adult education; six of the Centers have an affiliation with a college, through which from one to 19 parents are enrolled. It would seem that, just as the Centers in this cluster stress more heavily the cognitive aspects of the child's education, so there seems to be more of an emphasis placed on formal parent education. In Cluster 1 only one Center had a basic adult education program and only two had a college affiliation.

¹ The Parent Child Center, Parent Information and Guidelines for Operation, Jacksonville, Florida, 1971, p. 1

² Ibid., p. 3

C. Child education component:

As noted above, Cluster 2 Centers place particular emphasis upon infant stimulation and cognitive development. At these Centers, Montessori equipment is frequently used. In several, specific models of infant and toddler stimulation are followed. For example, Ira Gordon's model is used with considerable conviction because it is extremely specific in its step-by-step instruction about what should be done at each level of development. Thus, the techniques are readily grasped by both staff and parents.

Reflective of this emphasis upon stimulation, at some Centers the local project advisor, or the PCC child development coordinator, has worked out a unique program of infant stimulation and sequenced learning. For example, on the wall of one infants' room there are charts outlining the developmental level of each child, and the specific activities for the week for each child. Teachers and parents work together, and alternate in recording the child's responses. Thus, the program is planned in advance for each individual, step by step, based upon the accomplishments of the previous day.

All Cluster 2 Centers maintain in-Center children's programs. The number of hours of service provided to any individual child ranges from one hour per week to 40 hours per week. At most of the Centers, children come either four or

five mornings or afternoons, but not all day. In general, the Cluster 2 programs offer fewer in-Center hours to each child served than do programs in Cluster 1. This well may be an implicit corollary to the nature of Cluster 2 programs. That is, there seems to be a general assumption that in structured learning programs, since parents are told very specifically what to do, they are more likely to follow through. It may be that since mothers can follow through on their own, less PCC time is needed for each child.

Six of the programs have an outreach component. In three of these, in-home staff visits are made either to all or to some of the same children who come to the PCC. Home visits are primarily designed to reinforce what has already been learned in-Center during the course of the week. At the remaining PCC's, services are provided to children who do not come to the Center, thus enabling the PCC to extend its efforts to a larger number of families than could be accommodated at the Center. The primary objective of these home visits is to provide stimulation to the babies, and to teach mothers how they, themselves, can accomplish such stimulation.

In summary, Cluster 2 Centers exhibit the following characteristics:

1. Parent participation in the children's program, in which the parents work at specific tasks with their own children.

2. Parent participation in workshops and group discussions, relating to such topics as health education, home management, and child development.
3. A highly-structured children's program, where tasks to be executed are carefully planned and transmitted to parents.
4. Attendance by parents and children for a median number of six hours, which may or may not be supplemented by an additional hour in the home.

II. SITE SELECTION:

Mt. Carmel has been chosen to represent Cluster 2 in the Phase II sample. Since parenting is emphasized by nearly half the Centers, it is important to note that in our representative sample of six PCC's, exactly half are ones which emphasize parenting -- Detroit, Menomonie, and now Mt. Carmel.

This Center has the following other characteristics: it is rural, having two sites which cover five counties. In three of the counties children are seen only during home visits, the content of those visits being largely educational and including instructions for mothers to provide stimulation in the interim.

CHAPTER IV

CLUSTER 3: CENTERS WHICH FOSTER CAREERS FOR PARENTS
AND COGNITIVE CHILD DEVELOPMENT:

Dallas, Pasco and Philadelphia

I. DESCRIPTION:

A. Overview:

In terms of the parent education component, the focus in Cluster 3 Centers (and in those belonging to Cluster 4) is upon career development. That is, Cluster 3 Centers seek to provide opportunities for employment, and otherwise to help mothers take their place in the employment market. These Centers are not primarily engaged in teaching mothering skills; rather, they are teaching mothers child development and child care to enable them to be gainfully employed in other pre-school programs. Cluster 3 Centers emphasize structured learning for children, with an emphasis placed upon cognitive development.

B. Parent education component:

Unlike the Centers described in the previous two chapters, there is not such an emphasis on parent education. All of the Centers offer workshops and internal discussions about child development. However, except for cases of parents on staff who are training for careers in pre-school education,

mothers do not participate actively in program with their babies. Home management and health education are offered at all three Centers. Career development, not mentioned at the majority of PCC parent programs is a program element in two of these Centers. Only one Center offers basic adult education.

In one of these Centers, parent education plays a relatively minor role except for the large group of parents employed at the Center. In this Center the emphasis is on parent training

for staff, rather than on parent education for all. The mothers who work in the program are given education in a wide variety of related areas. For instance, in one program the mothers on staff work with the children from nine until one o'clock. Three afternoons are used for training. On Monday there is a child development and psychology class for which the mothers receive credit from the local community college, on Tuesdays the mothers get guitar lessons and learn songs which are suitable for young children, and on Wednesday there is a class in child development which centers around their roles as both teachers and mothers. This class is taught by a teacher from the college.

This is the only Center in the cluster which has a college affiliation. At the other Centers most teaching is done by PCC staff. However, in these Centers many of the mothers work and the parent education component is not well developed.

C. Child education component:

Cluster 3 Centers offer a structured learning experience for focal children, with emphasis on cognitive development. Montessori equipment and techniques are used at two of the three. In all three, there is considerable emphasis placed upon sensory stimulation and language development.

All of these Centers have at least some aspect of program in which children are served five full days per week. In one Center, the in-Center program is for 40 hours per week; in another, group day care homes serve children 40 hours a week;

in the third Center the children of migrant mothers working in the fields are cared for at the Center for the entire day. While programs for the parents (except in the case of those who serve as staff members) are not especially well-developed, services to children are very intense and well developed.

One of the Centers has only an in-Center program. Another has an outreach program in which a large number of children, not seen at the Center, are seen for about one and one half hours per week. The third PCC has an in-Center program for eight hours a week, a small in-home program for children not seen at the Center, and a group day care program.

In summary, the most relevant features of Cluster 3 programs are:

1. Emphasis upon parents' job-related needs.
2. A children's program which features full-time care, thus allowing mothers to work in program, or at other jobs.
3. A highly structured program for children, with an emphasis upon cognitive development. Intensive care is provided to children by the PCC staff, which does function in locus parentis.

II. SITE SELECTION:

The Pasco PCC has been selected as the representative Center in this cluster. It has no in-home program which makes it, along with Summerville, representative of the nine Type 5 PCC's. It is a rural Center. Along with Summerville and Mt. Carmel, it completes the complement of rural Centers to be studied in Phase II.

Pasco is Cluster 3 (training and cognitive development) and Type 5 (no in-home program).

CHAPTER V

CLUSTER 4: CENTERS WHICH FOSTER CAREERS FOR PARENTS,
AND GENERAL CHILD DEVELOPMENT:

New York, Oakland, St. Louis, Washington, D.C.

I. DESCRIPTION:

A. Overview:

The four Centers comprising Cluster 4 are similar to those described in the previous chapter, except in the approach to the childhood component. While Cluster 3 Centers emphasize cognitive stimulation, those in Cluster 4 tend not to emphasize this aspect of children's activities. Rather, they provide an overall supportive setting, aimed at promoting general child development. The net effect of the Cluster 4 programs is to provide a supportive and secure environment for children, enabling the parents to obtain jobs or to participate in vocation-oriented training.

B. Parent component:

All of the Cluster 4 Centers provide parent instruction in child development and home management or home economics. However, enrollment in these activities tends to be smaller than it is at Centers representative of other models. This relatively low enrollment most probably stems directly from an objective of the Center, i.e., to foster career opportunities for parents, which would keep them occupied away from the Center.

Given the emphasis upon extra-Center vocational development, and the lack of any structured approach to the children's program, it is perhaps not surprising to find that the parent education program receives relatively less emphasis. Rather, these PCC's provide basic educational services to a core of mothers enrolled, while "freeing" others to pursue career objectives.

C. Childhood component:

All four of the Centers comprising this cluster report a day care function for at least some children. At one of these Centers, children are cared for in group homes outside of the PCC. In two others, the PCC is a place where working mothers, or mothers attending classes, can drop their children off on the way to work, and pick them up on the way home. In the fourth Center, the children are cared for while the mothers study at the PCC and another group is cared for all day while the mothers work.

The child education approach is one of general warmth and succorance. All Directors reported that their children's program can best be described as one of general developmental focus. The accent is on socialization with free play occupying much of the time. That is, the staffs encourage socialization and favor the development of interpersonal skills among the children, rather than focusing upon intellectual activities, per se. Focal children, in brief, must "get along" well with one another for considerable periods of time during the week. There is a generally affective, supportive flavor to these programs, rather than one of tailoring activities to individual needs, problems, or developmental levels.

All but one of the PCC's in this cluster provide home visit activities in addition to those provided at the Center itself. Day care alone is far from being the total children's program.

II. SITE SELECTION:

St. Louis has been selected as the Center representative of Cluster 4. This is the second of the three urban Centers in the Phase II sample. The Center has an in-home program for all of the same toddlers and runabouts which are served at the Center. In addition, there is a group of infants who are not seen at the Center, but who are seen in their homes. The emphasis of the in-home visits is on stimulating the babies and teaching the mothers to follow through in these activities. Thus, this is a Type 4 Center.

St. Louis is a Cluster 4 (training, general child development), Type 4 (in-home program for children served at PCC and others, teaching emphasis) program.

CHAPTER VI

CLUSTER 5: CENTERS WHICH PROMOTE OVERALL WELL BEING OF PARENTS AND CHILDREN:

Chicago, Dalton, Fayetteville, Huntington, LaJunta,
Los Angeles, Newark, Newport, Omaha, Pine Ridge and
Portland

I. DESCRIPTION:

A. Overview:

Cluster 5, the largest of the clusters, is comprised of 11 Centers in which programs provide general support and succorance for all participants, parents and children alike. The parent program is not focused upon teaching mothers how to be mothers (Clusters 1 and 2) or upon fostering careers (Clusters 3 and 4). Rather, the focus is upon providing a breadth of social services in order to promote the general well-being of

PCC participants. Insofar as the childhood component is concerned, these sites are similar to those of Clusters 2 and 4 in which is emphasized the provision of a generally warm and supportive environment, rather than of a more structured approach to cognitive stimulation.

B. Parent component:

The chief emphasis in the parent component seems to be placed upon the provision of social services, involving either material support and assistance, or mental health counseling. The PCC staff tends to be seen by parents not so much as teachers but rather as nurturant and supportive figures. Mothers are encouraged to discuss emotional problems with staff and with each other. Parents are provided with extensive direct services, to assist them to function adequately.

The conceptual framework from which Cluster 5 Centers operate is that the PCC can improve the well being of

participating families through the provision of emotional support and direct services. The corollary to this is that improvement in general parental well being will enhance their ability to give to their children.

This is not to say, however, that other activities are not provided for parents. For example, all but one of the Centers offers parent education in child development and in home management. Nine of the Centers also offer health education. Non-child development career topics are pursued at six of the Centers in this group. Almost all topics covered center around male trade activities. Three of the PCC's in this group, all of them rural, have parents enrolled in college courses, dealing for the most part with child development. In truth, the difference between this cluster and others is one more of degree than of kind. That is, many of the services common to other clusters are found in Cluster 5; however, the underlying philosophy rests upon the provision of direct supportive services, rather than upon parent education or training.

This difference in basic orientation is displayed in the nature of the in-home program maintained by five of the seven Centers which have an in-home program. Involving weekly or biweekly visits for approximately one hour each, the chief purpose of the visits is most usually to promote the development of a relationship with the helping person, who acts either as a sounding board for problems, or as a conveyor of services.

In some instances, additionally, the home visits represent a first order attempt to reach needy parents, across a void of social isolation. More of the Cluster 5 Centers have an in-home component with a social service orientation than is the case in other clusters. Operationally, while the in-home workers in most of the Centers in other clusters function primarily as teachers, most of Cluster 5 in-home workers serve primarily as social service aides or family assistants who talk with mothers about their problems, take them to various social and health agencies, and take them to do their shopping.

Since social isolation is a problem in many of these families there tends to be rather heavy emphasis on social and recreational activities within the Centers. This includes parties around holidays, family trips, and special outings.

C. Childhood component:

Generally speaking, these 11 PCC's provide a warm, friendly environment for children who come to the Center. In-home efforts are in large part characterized by the staff person becoming a friend to the children served.

It should be noted that four of the eleven programs do report elements of a structured, cognitive approach. However, despite the existence of Montessori or other structured learning elements, it was noted that such program elements were of secondary importance to the major focus of the Centers, which is upon socialization and development through supervised play.

The range in hours of service provided at these Centers is from 1 to 3 hours a week per child (reported by four Centers) to between 15 and 35 hours per child per week (reported by three). In some Centers, the tendency is to provide few hours of service to children, because most of the staff time is devoted to providing support and securing services for parents. In other Centers, the pattern is to provide intensive services to the children, because the home situation is so impoverished, and the mother so bereft of all resources, that the PCC is seen as a mechanism for the provision of the mothering which is unavailable at home.

In summary, the major features of Cluster 5 Centers are as follows:

1. An emphasis upon securing health and social services for participating families.
2. An emphasis on providing emotional support and nurturance for adults as well as for children.
3. An emphasis upon dealing with emotional and mental health problems of participating families.
4. A view of staff members as special friends or ombudsmen, rather than as teachers.
5. A recreational emphasis, aimed at overcoming the social isolation characteristic of many of the participating families.

II. SITE SELECTION:

The Center selected from Cluster 5 is the Harbor City PCC in Los Angeles. This is the third of the urban Centers in the sample. It is a Group 3 Center which provides in-home visits to some of the families served at the Center. These visits are conducted by social service, not teacher aides, and the emphasis is clearly on counseling and service delivery to parents. The program has a marked social service orientation.

Harbor City is a Cluster 5 (adult and child well being), Type 3 (in-home visits for some in-Center families, social services) Center.

CHAPTER VII

REPRESENTATIVENESS OF PCC'S SELECTED FOR PHASE II SAMPLE

A summary showing the characteristics of Phase II sample Centers along dimensions used in selection appears on the next page. In the sections to follow, the six Centers will be compared with the remaining 20 non-Advocacy Component sites considered on these and other variables.

Clusters

Two Centers have been taken from Cluster 1, and one each from the other clusters. Thus, three of the six focus on developing parenting skills and attitudes in their parent programs, two on fostering careers, and one is generally supportive in approach. Of the total 26 non-Advocacy sites, ten emphasize parenting, nine have generally supportive parent programs, and seven are career oriented.

Four children's programs in the Phase II sample lean toward the affective approach while two favor the cognitive. Overall, 18 Centers were affective in this respect, and eight cognitive.

The Phase II sample is reasonably, but not perfectly, reflective of population proportions as regards parent and child program objectives. Representativeness of sampling along more than one dimension at once is extremely difficult, as was made clear in the discussion of clustering in Chapter I. However, the sample does represent rather well the various combinations of program characteristics observed.

SUMMARY OF SELECTION CHARACTERISTICS

CENTER	PARENT PROGRAM	CHILDHOOD PROGRAM	HOME VISIT FAMILIES	HOME VISIT CONTACT	LOCALE
Detroit	Parenting (Cluster 1)	Affective	Different from in-PCC (Type 1)	Social Service	Urban
Los Angeles	Supportive (Cluster 5)	Affective	Same as in-PCC (Type 3)	Social Service	Urban
Menomonie	Parenting (Cluster 1)	Affective	Same as in-PCC (Type 4)	Cognitive	Rural
Mt. Carmel	Parenting (Cluster 2)	Cognitive	Different from in-PCC (Type 2)	Cognitive	Rural
Pasco	Career (Cluster 3)	Cognitive	(None)	(None)	Rural
St. Louis	Career (Cluster 4)	Affective	Same as in-PCC (Type 4)	Cognitive	Urban

Home Visit Programs

Two programs of Type 2 have been included, and one each of the other types. Thus, two programs serve different families in the home from those participating at the Center, three largely serve the same families, and one has no real outreach function. Among the population of 26, nine serve different families in the two locations, nine mainly serve the same ones, and eight have no ongoing home visit element.

Two of the five sample Centers who make home visits do so largely to provide or assist with social services. The other three are more cognitive or educational in orientation. It is difficult to define precisely what the corresponding proportions are in the population of PCC's because some home visit programs do both about equally. The evidence suggests a preponderance in favor of an emphasis on teaching, rather than on social service.

Locale

Three of the Phase II sample are urban and three are rural. Among all 26 considered, 18 are urban and eight are rural. This is another dimension on which it has not been possible to obtain perfect representation, so an even split was adopted.

Sampling proportions would have been very nearly ideal if, in addition to Detroit, Los Angeles, Mt. Carmel, Pasco and St. Louis, there had been a PCC that was Cluster 5, Type 5, urban, serving some American Indians. Since there was not, Menomonie was chosen as the sixth Center which best balanced overall.

Number of children served

The population of PCC's which have no Advocacy Component serve a total of 2,042 children at the Centers and 1,032 in homes, there being some overlap counted in both figures. The sample of six serve a total of 542 in-Center and 282 in-home. Since the six selected represent 23% of all Centers available for sampling, the sample reflects moderately larger than average enrollments: 27% of all in-Center children and 27% of all in-home children.

Parents on staff

Seventeen of the 26 non-Advocacy Component PCC's reported parents who were staff members at the time of CCR's interviewing visits. Of the six chosen for Phase II impact evaluation, four hire parents and two do not. Of 119 parents employed at all 26 Centers, though, 55 are on staffs in the sample. Consequently, the sample correctly represents parent hiring in terms of number of Centers, and over-represents the mean number of parent staff members at Centers who do hire participants.

Given that bias, CCR feels it is important to have it in the direction it occurs because measurement of impact among hired parents will be a very meaningful aspect of Phase II. It is desirable to have a reasonable pool of such respondents available in the sample.

Other staff characteristics

The 26 Centers report a mean of 20 staff members, including all professionals and non-professionals. The sample sites report a mean of 24.

Professionals account for 28% of all staff in the population. That figure is 23% in the sample. The difference is largely a matter of having proportionately more parent non-professionals at the sample Centers. The mean numbers of professionals is almost equal in the sample and the population.

The ratio between staff members and participants (parents and children combined) is very close for the sample of six and the population of 26. This value is almost exactly 1:8 in both cases.

Decision-making power of the PAC

Centers were scored from 0 to 16 on the strength of their decision-making role (according to Directors' judgments) in four areas -- hiring, finance, program determination, and membership selection. The mean rating of both population and sample were identically 11, a bit above the scale's midpoint. The sample included three Centers whose scores were the population mode -- a score of 10.

Types of families served

Directors were asked which of four family types were in the preponderance at their Centers. (For an explanation of family types, see Appendices A and B.) The listing below shows the comparison between population and sample.

<u>Family Type</u>	<u>Most Frequent in Population (26 Centers)</u>	<u>Most Frequent in Sample (6 Centers)</u>
Emotionally stable/ economically stable	1	0
Emotionally unstable/ economically stable	3	0
Emotionally stable/ economically unstable	8	3
Emotionally unstable/ economically unstable	14	3

The sample slightly underestimates economic level among all target families served, and slightly over-represents emotional stability.

Ethnic proportions

Following are ethnic percentages for population and for the sample:

	<u>Population (26 Centers)</u>	<u>Sample (6 Centers)</u>
Mexican-American	5%	16%
Puerto Rican	3	5
Other Caucasian	27	31
Black	50	39
American Indian	10	6
Oriental	5	3

The sample overstates Mexican-Americans and understates Blacks. Still, the match is reasonable, and it would be virtually impossible to improve while balancing on all the other variables.

To conclude, the sample seems quite reflective of the population it is to represent -- at least with regard to the nine major variables considered in this chapter.

APPENDIX A

FOCUS AND LEADERSHIP ITEMS

FOCUS ITEMS

Now I'm going to read you several descriptions. Each one describes two different ways a Center can be in terms of some activity or program. As I read each one, I'd like you to give me two opinions. The first will be the way you think your Center actually is, and the second will be the way you'd like the Center to be. I'll give you a card for each situation so that you can check off your answers for me. HAND CARD E. Rather than explain any longer, let's try one. Here's the first description.

- E. A Center may aim most of its program and efforts toward helping children. Or, it may aim things mainly toward helping parents. Of course, things may not be geared all one way or all the other. Now, on the card you see a line that says "children" at one end and "parents" at the other. What I'd like you to do is to put a slash across the line at a point that comes close to telling how much this Center's programs are geared to helping children or parents. That is, if the emphasis is very much on helping children, you will mark the line somewhere near the end marked "children." If things are aimed mainly at adults, you will mark near that end of the line. If the Center's programs are pretty well balanced between children and parents, you'll put the slash somewhere near the middle of the line. OK? Don't forget now, this first rating will be for how you think your PCC actually is now.

AFTER FIRST RATING. All right, now turn the card over. It may be that you feel the Center's emphasis should be a bit different from what you believe it is now. This second rating will tell me what you'd like the emphasis to be.
TAKE BACK CARD E WHEN RESPONDENT IS FINISHED.

Actual _____
Ideal _____

- F. HAND CARD F. Now for the second situation. Think only of programs for children for a moment. Some people feel that children should be given lots of things to help them learn. For instance, babies should get to play with dangling mobiles or colored objects. Toddlers should be learning about numbers and letters. Other people, though, feel that the best thing for children is to give them a generally warm, friendly atmosphere where they are comfortable and secure and find out how to get along with others. How are children's programs geared here in terms of learning or general warmth? THEN TURN CARD OVER. And how would you like to see it be? THEN RETRIEVE CARD F.

Actual _____
Ideal _____

G. HAND CARD G. Still thinking about helping children, some Centers feel the best thing is to provide services directly to children -- teaching them, feeding them, clothing them and so on. Other Centers think the best way to help children is by first helping parents. That is, the child will be better off if the parents are taught to teach them, to feed them, etc. What is the feeling in this Center, to help children directly, or to help them indirectly by helping the mother to help the child? THEN TURN CARD OVER. And how should it be done, in your opinion. RETRIEVE CARD G.

Actual _____

Ideal _____

H. HAND CARD H. Now let's move to programs for parents. Some Centers try to train parents more than to provide aid and assistance. Others like to do it more the other way around. For instance, the first kind of parent program would be aimed mainly at teaching adults how to cook a meal or plan a meal, how to type or work with wood so that they can get a job, or how to care for children so that they can care for their own better, or get a job doing that. The second kind of Center would be more interested in giving the service than teaching. They would provide a meal rather than teaching how to cook or to plan one. They would care for children at the Center more than training parents how to do it. Which is more like the way it is at this PCC, training or providing? TURN OVER. How should it be? RETRIEVE CARD H.

Actual _____

Ideal _____

I. HAND CARD I. Still thinking about services to parents, in some Centers most work involves helping with personal problems some form of counselling to help people deal with themselves and other family members, and people outside the family. In other Centers, relatively more attention goes to helping with specific things that parents need... housing, legal services, money, health care, etc. How does this Center do it -- more personal help or more in the way of material? TURN CARD OVER. And how would you like it? RETRIEVE CARD I.

Actual _____

Ideal _____

- J. HAND CARD J. In some Centers, the training, or teaching, that parents get is related to specific home making skills; for example, cooking, sewing, home repair, shopping, etc. In other Centers, relatively more attention is paid to teaching the parents more about how to be a parent to their children. What is the focus in this Center, home making or parenting? TURN CARD. Now how would you like to see it? RETRIEVE CARD J.

Actual _____

Ideal _____

- K. HAND CARD K. In terms now of general program planning, usually one of two groups is particularly important in making policy decisions, as well as in deciding who works at the Center, etc. One group is the parent group, the other is the staff. In some Centers parents have final say (and sometimes first say, too), while in other Centers, the non-parent staff really decides things. How does this Center stand? TURN CARD. Now how would you like to see it? RETRIEVE CARD K.

Actual _____

Ideal _____

- L. HAND CARD L. Some Centers are like a big family - or like a group of neighbors getting together. In other Centers, things are more businesslike - while the services provided may be just the same in both cases, the way they are made available is very different. One is like a family, the other like a store. What about this Center? Are things run like a family, or like a business? TURN CARD. How would you like to see it? RETRIEVE CARD L.

Actual _____

Ideal _____

- M. HAND CARD M. Some Centers focus on the really down and out families....families in which the father may be absent, the mother has many personal problems. Such Centers see as their primary mission trying to "save" such families. Other Centers see their role differently; they feel that their function should be to assist those who just need a little help. They just need one break and then they can really make it for themselves and their children. Which type of family is this Center geared toward serving? Which would it be more likely to accept --- the down and out or those who just need a break? TURN CARD OVER. How would you like to see it? RETRIEVE CARD M.

Actual _____

Ideal _____

LEADERSHIP ISSUES FOR STAFF

Just as directors and leaders in all kinds of settings vary a great deal, and organizations differ in how they operate, so of course there are differences in the PCCs in styles of leadership and in how the Centers are operated. I'm going to describe different kinds of Directors to you and different ways of doing things. In each case I'd like you to tell me which description best fits your Director or your Center. Let's start with this first one.

1. Some Directors could be described as being very concerned with staff feelings. Before making any decisions, or before telling anyone to do something, they carefully think about how the other person or persons will feel. On the other hand, some Directors feel that such a concern about others' feelings just doesn't belong in an organization with as many busy people as there are apt to be in a PCC. While they may be perfectly well aware of others' feelings, they just can't let that stand in the way of efficiency. Where does your Director stand along this dimension? (GIVE CARD "N"). Could you tell me now how would you like him to be (TURN CARD).

Actual _____

Ideal _____

2. Another thing about Directors. Whether or not they are highly sensitive to others' feelings, they may differ in terms of the degree to which they let people know what they want, and how they want it done. Some Directors let you know exactly where you stand, in terms of the job to be done. The job is spelled out, and the way to do it is spelled out. Other Directors leave things much more up to the staffs. While they may outline the general goals of the Center, they assume that staff members will find the best way to do something, and therefore leave it up to them. Using this card (HAND CARD "O") please indicate how things are in this Center, along this dimension. (TURN CARD) And how would you like it to be?

Actual _____

Ideal _____

3. In some Centers, the Director is mainly concerned with administration - making decisions, filling out the forms, making sure that things run smoothly. In other Centers, the Director is more of a teacher and professional supervisor to the staff, more is done by the Director, in terms of staff development. PLEASE INDICATE WHAT THE SITUATION IS HERE (GIVE CARD "P"). How would you like it to be? (TURN OVER).

Actual _____

Ideal _____

4. In some Centers the Director is always looking for new ways to help people. He looks for ideas for new program elements. Things are always changing. In other Centers, the Director doesn't do this, he's more cautious, for various reasons. Things change more slowly. How are things done here? (GIVE CARD "Q"). And how would you like to see them done (TURN CARD).

Actual _____

Ideal _____

5. There's another way that Centers can differ. The Director can seek advice and encourage opinions from the staff. This would be like working with the Director. Or, the Director might prefer to go it alone, without comments from the staff. That would be more like working for that person. How do you think things are done here? (HAND CARD "R"). How would you like them to be? (TURN CARD).

Actual _____

Ideal _____

6. Somewhat along the same lines as leadership, there is the question of meetings, and what purposes they serve. In some Centers, there are regular meetings, which are attended by all relevant staff, and sometimes parents. On the other hand, there are Centers in which such meetings are held only very rarely, on a non-regular basis. What happens here? (GIVE CARD "S"). How would you like to see it done here? (TURN CARD).

Actual _____

Ideal _____

7. Still thinking about meetings in some Centers, there is a great deal of participation by most of the people. People come to grips with problems, make decisions, and really work together, everyone making a definite contribution. In other Centers, there is little participation, not very much comes out of the meetings. At least, it's generally a waste of time for a lot of the people to be there. Thinking now about meetings that are held in this Center, what would you say about their value? (GIVE CARD "T"). Notice that I don't ask you how you'd like to see it, just this once - I assume that if you're going to sit through a meeting, you'd want to have your sitting worth something - a good meeting that is.

RATING SHEET

-59-

ACTUAL

E. CHILDREN	_____	PARENTS
F. LEARNING	_____	WARMTH AND COMFORT
G. CHILDREN DIRECTLY	_____	INDIRECTLY THROUGH PARENTS
H. TRAINING	_____	PROVIDING
I. PERSONAL HELP	_____	MATERIAL HELP
J. HOME- MAKING	_____	"PARENTING"
K. PARENTS DECIDE	_____	STAFF DECIDES
L. FAMILY	_____	BUSINESS
M. DOWN AND OUT	_____	JUST NEED A BREAK

RATING SHEET

SHOULD BE

E. CHILDREN	_____	PARENTS
F. LEARNING	_____	WARMTH AND COMFORT
G. CHILDREN DIRECTLY	_____	INDIRECTLY THROUGH PARENTS
H. TRAINING	_____	PROVIDING
I. PERSONAL HELP	_____	MATERIAL HELP
J. HOME- MAKING	_____	"PARENTING
K. PARENTS DECIDE	_____	STAFF DECIDES
L. FAMILY	_____	BUSINESS
M. DOWN AND OUT	_____	JUST NEED A BREAK

RATING SHEET

-60-

SHOULD BE

E. CHILDREN	_____	PARENTS
F. LEARNING	_____	WARMTH AND COMFORT
G. CHILDREN DIRECTLY	_____	INDIRECTLY THROUGH PARENTS
H. TRAINING	_____	PROVIDING
I. PERSONAL HELP	_____	MATERIAL HELP
J. HOME- MAKING	_____	"PARENTING"
K. PARENTS DECIDE	_____	STAFF DECIDES
L. FAMILY	_____	BUSINESS
M. DOWN AND OUT	_____	JUST NEED A BREAK

RATING SHEET

ACTUAL

E. CHILDREN	_____	PARENTS
F. LEARNING	_____	WARMTH AND COMFORT
G. CHILDREN DIRECTLY	_____	INDIRECTLY THROUGH PARENTS
H. TRAINING	_____	PROVIDING
I. PERSONAL HELP	_____	MATERIAL HELP
J. HOME- MAKING	_____	"PARENTING"
K. PARENTS DECIDE	_____	STAFF DECIDES
L. FAMILY	_____	BUSINESS
M. DOWN AND OUT	_____	JUST NEED A BREAK

RATING SHEET

ACTUAL

CONCERN FOR
FEELING

LIKE A
BUSINESS

SPELL IT OUT

LEAVE
IT LOOSE

ADMINISTRATOR

PROFESSIONAL
SUPERVISOR

TRY NEW IDEAS

CHANGE MORE
SLOWLY

WORKING WITH

WORKING FOR

MANY MEETINGS

FEW MEETINGS

USEFUL
MEETINGS

USELESS
MEETINGS

RATING SHEET

SHOULD BE

N.	CONCERN FOR FEELING	_____	LIKE A BUSINESS
O.	SPELL IT OUT	_____	LEAVE IT LOOSE
P.	ADMINISTRATOR	_____	PROFESSIO SUPERVISO
Q.	TRY NEW IDEAS	_____	CHANGE MO SLOWLY
R.	WORKING WITH	_____	WORKING F
S.	MANY MEETINGS	_____	FEW MEET1
T.	USEFUL MEETINGS	_____	USELESS MEETINGS

RATING SHEET

SHOULD BE

CONCERN FOR
FEELING

LIKE A
BUSINESS

SPELL IT OUT

LEAVE
IT LOOSE

ADMINISTRATOR

PROFESSIONAL
SUPERVISOR

TRY NEW IDEAS

CHANGE MORE
SLOWLY

WORKING WITH

WORKING FOR

MANY MEETINGS

FEW MEETINGS

USEFUL
MEETINGS

USELESS
MEETINGS

RATING SHEET

ACTUAL

N.	CONCERN FOR FEELING	_____	LIKE A BUSINESS
O.	SPELL IT OUT	_____	LEAVE IT LOOSE
P.	ADMINISTRATOR	_____	PROFESSIO SUPERVISO
Q.	TRY NEW IDEAS	_____	CHANGE MO SLOWLY
R.	WORKING WITH	_____	WORKING I
S.	MANY MEETINGS	_____	FEW MEET
T.	USEFUL MEETINGS	_____	USELESS MEETINGS

APPENDIX B

VARIABLES ENTERED IN PRELIMINARY CLUSTERING ATTEMPTS

1. The First Clustering Run

At the beginning, a number of almost exclusively objective, operations-oriented variables were programmed for clustering. In all cases, data were taken directly from responses to CCR's Directors' questionnaire. Variables from each of the five forms of that instrument were included. Below is a listing of those dimensions with a parenthetical explanation of scoring wherever necessary.

Clearly, some of the variables were of relatively little importance in and of themselves. It was CCR's intent with this first run to find how certain variables were related to each other, and to what degree they discriminated among Centers.

- . Percentage of all focal participants who are children
- . Hours per week the "average" child is served, either at home or at the PCC
- . Hours per week the "average" adult is served, as above
- . Ratio of total staff to total focal enrollment (percentage)
- . Total number of staff
- . Percentage of non-professionals who are parents
- . Whether the child program contained elements of a structured or packaged approach (yes or no)
- . Directors' ranks (from 1 to 5) of the importance of adult education topics:
 - Child development
 - Health education
 - Home management
 - Career development
 - Adult basic education

- . Whether an affiliation with a college existed (yes or no)
- . Whether adult basic education was offered (yes or no)
- . Family members eligible for medical care (whole family = 3; parents and focal children = 2; focal children only = 1)
- . Family members eligible for dental care (same as above with the addition of: not provided for = 0)
- . Percentage of all medical care provided by or through the PCC that is given to children
- . Food provision (more than one meal = 3; one meal = 2; snacks only = 1)
- . Availability of services by or through the PCC (provided or provided and referred = 2; referred only = 1; no availability = 0) for the following:
 - Emergency fund or materials
 - Housing assistance
 - Transportation
 - Career assistance
 - Day care
 - Homemaker services
- . Availability of counseling services (provided or provided and referred = 2; referred only = 1; not available = 0) for the following:
 - Individual counseling
 - Marital counseling
 - Group counseling
- . The degree to which the Director makes key decisions (makes decision outright = 2; shares decision with PAC or CAP or both = 1; does not decide = 0) in the following areas:
 - Hiring of staff
 - Budgeting and fund-raising
 - Determining PCC programs
 - Selecting and recruiting members
- . The degree to which the PAC or controlling board makes decisions in the above four areas
- . The percentage of the PAC or controlling board who are parents.

Clustering of Centers resulted in confusion. Clustering of variables uncovered some areas of overlap and of non-discrimination that were adjusted for the second run.

Clustering based on responses to focus and leadership items, averaged for groups of staff and parent subjects at each Center, was also done at this time. These items appear in Appendix A, and the mean ratings in Appendix C.

2. The Second Clustering Run

Much was deleted from the variable list of the first run, some dimensions were modified, and a few new ones added. The list for the second run follows:

- . Hours per week the "average" child is served
(as before)
- . Percentage of all child program hours that occur
at the Center, rather than in the home
- . Hours per week the "average" adult is served
(as before)
- . Child program type (heavily = 2; moderately = 1)
for the following:
Cognitive-stimulative in orientation
Generally developmental-affective in orientation
- . Parent program type (a Center was given a 1 on
only one of the following five typologies, and
a 0 on the others; this was a data handling
method that was necessary to avoid making one
end of the continuum a "high" score and the other
end a "low" score):
Heavy educational orientation
Moderate educational orientation
Mixed between education and service provision
Moderate orientation toward providing supportive
services
Heavy service orientation

- . Level of referral activity to the community
(Centers were distributed into thirds based on the number of referrals of all kinds projected over a program year; Centers in the highest third were scored as 3, those in the middle third as 2, and those in the lowest as 1)
- . Level of provision of material assistance (again a 3-2-1 separation into thirds based on the six service areas listed for the first run: emergency, housing, transportation, careers, day care, and homemaker service)
- . Total number of staff members
- . Percentage of staff who are professionals
- . Percentage of non-professionals who are parents
- . Ratio (percentage) of staff to enrollment
- . Number of fathers participating
- . Decision-making powers of the PAC or controlling board (a composite formed by adding the scores for PAC decision-making from the previous variable list; scores ranged from 7 to 0)
- . Predominant family type served by the PCC ("stable" both economically and emotionally = 3; "stable" on one of the two = 2; "stable" in neither sense = 1)
- . Continuity of leadership (current Director in that position for at least 18 months and no more than one previous Director = 3; current Director there less than six months or more than two previous Directors = 1; otherwise = 2)

Even by reducing the variable list so severely, the clustering of Centers was still unusable. It became apparent that some variables, in combination, were discriminating too much among PCC's -- providing a sharply individual profile for each of the 33 so that meaningful grouping was impossible to obtain.

3. The Third Clustering Run

The next attempt started by discarding every variable that appeared to be individualizing the Centers "too much" and by considering just a few dimensions judged absolutely critical. Data on the style and intensity of children's and parents' programs, on social service activity, and on "parent responsibility" were arrayed. Each Center was given a score from 3 to 1 on each of these variables according to how many elements judged to be critical were present.

- . Children's program: to be scored 3 a PCC must have reported (and had verified as much as possible by the CCR interviewer) all of the following:

- A majority of focal children seen at least three times per week at the PCC for a total of at least eight hours
- At least one Head Teacher and Teacher Aide for every five children supervised at a given session
- At least one college educated child development specialist either on staff or available for extensive consultation
- A rating of 4 or 5 on a 5-point scale by the CCR interviewer for appropriateness of children's equipment
- A rating of 4 or 5 by CCR's interviewer on the warmth and understanding shown by staff toward children

If three or four of the above elements were present, a Center was scored as 2. Otherwise, it was scored as 1.

- . Parents' program: to be scored 3 a Center had to have all of the following:

- At least one staff member who was described by the Director as a professional and whose duties clearly defined a major responsibility in family life or parent education
- Parent education curricula must include child development and at least two of four other topic areas: health education, home management, career development, or adult basic education

A rating of 4 or 5 by the CCR interviewer on the breadth and appropriateness of equipment for parents

If one or two of the above were present, the Center was scored as 2. If none was present, it was scored 1.

- . Social service activity: to be scored 3 a Center must have reported all of the following:

An overall level of referral placing it in the middle or upper third of all Centers

Direct provision of assistance in four of six areas:

- Emergency fund or materials
- Housing
- Transportation
- Career
- Day care
- Homemaker services

If one or two of the above were present, the Center was scored as 2. Otherwise, it was scored as 1.

- . Parent responsibility: Centers were scored as 3 if both of the following obtained:

At least four parents were employed by the PCC, either full-time or part-time

The PAC was reported as having a large voice in PCC affairs and the Director stated that they shared or made outright decisions in at least three of four areas (hiring, finance, program determination, membership selection and recruitment)

If one was present, the Center was scored as 2. If neither was present the Center scored a 1.

These four variables were first run in conjunction with four others: children's program type (cognitive orientation = 1; mixed = 2; developmental-affective orientation = 3), predominant family type served (as for second clustering), continuity of leadership (as for second clustering), and number of focal children (Centers separated into high, middle, and low thirds).

That run was unsuccessful. Then the four "component summary" variables were run with weights assigned to each to reflect levels of importance adjudged for each: childhood program 4, parent program 3, family service activity 2, and parent responsibility 1. That produced clusters which hung together, but which reflected undesirable value connotations as discussed in Chapter I.

The reader may be interested to see the distribution of Centers on the eight variables entered at first for this stage of clustering:

DISTRIBUTIONS OF CENTER SCORES ON EIGHT VARIABLES

VARIABLE	SCORE		
	1	2	3
Childhood Program	6	14	13
Parent Program	11	16	6
Social Service Activity	8	13	12
Parent Responsibility	9	12	12
Child Program Type	7	6	20
Predominant Family Type	16	15	12
Leadership Continuity	10	9	14
Number of Children Enrolled	11	10	12

APPENDIX C

ADDITIONAL DATA DESCRIPTIVE OF THE CENTERS
WITHIN EACH CLUSTER

CLUSTER 1 CENTERS

SOCIAL SERVICE COMPONENT

Direct services:

All of the Centers provide some direct services to their membership. The range varies from one Center which reports only one area of direct service to a Center which reports six.

All seven Centers report transportation for the families. In some cases PCC provides transportation to bring families to and from the Center, in others where the families live within walking distance of the project, transportation is used to take families to appointments, shopping, and recreational events.

Four of the Centers have an emergency fund which covers small loans to families for provision of food and clothing to meet a crisis. This includes such activities as helping to tide parents over when welfare checks are stolen, buying infant formula when a mother runs out of money, buying medicines in an emergency, and paying the rent when eviction is imminent.

Four of the Centers offer direct services in relation to housing problems. This involves helping families to find more adequate housing, teaching families how to deal with landlords who are uncooperative about making repairs, helping families get home improvement loans from a local bank, and initiating vermin control procedures.

Job counseling is offered at three of the Centers. This tends to be a service provided primarily to PCC fathers.

The other four Centers refer to other agencies for job counseling which seems to be a good strategy for Centers which are not essentially promoting career development.

Six of the Centers provide some counseling. Counseling varies considerably according to whether it is done by a professional Social Worker on a regular clinic appointment type model or whether it is essentially the extending of a helping hand and an attentive ear. It should be noted that only one of the Centers have a Social Worker in that position at a B.A. level, and the other three have no such staff.

Centers in this cluster have a philosophy which is organized around the idea that mothers will provide good care to their children if they understand the importance of good care to the child's development and if they know what to do. Thus, there is not a heavy emphasis on counseling in the sense of a clinical service. In fact, the counseling is often provided by the staff responsible for the parent education program. For example, in one Center parents come to the family life education program at certain appointed times. On any given day they can decide whether they feel like sewing, talking about some problem with whatever other parents happen to be there, or talking to a staff member privately. Parent education staff is especially friendly with the parents; they listen and sometimes offer practical advice.

Within this model, social services become an adjunct to parent education. Whatever promotes learning is recognized as good and valuable. Staff members do not act like formal classroom teachers; thus, the concept of education is broadened to include social services.

Referrals to and from other agencies:

In Centers having a relatively more knowledgeable social work staff, there tends to be a higher rate of referral to other agencies. Referrals are most frequently made to and received from social service and health agencies. In addition, there is in most Centers an involvement with other educational institutions such as Head Start and the local public schools.

All of the Centers rely on other agencies for material help, such as donations of money, children's clothing, program supplies, furniture, and food. Such help comes primarily from civic/business/legal organizations which are mentioned in this capacity by every PCC. In addition, religious/philanthropic, social service, and educational agencies are also helpful and are particularly useful as sources of volunteer recruitment.

Coordination with other agencies:

Data are available on only six of the Centers. Of these, only one reports substantial coordinating activities with at least three kinds of agencies: health agencies, educational institutions, and public agencies such as the Department of Welfare. Joint planning with health agencies includes encouraging these agencies to be more sensitive to the needs of

people, to improve services, and the service delivery systems. Coordination with other educational institutions involves joint planning with Head Start to ensure meaningful Head Start participation for PCC graduates. It can also involve joint planning with local public schools, ensuring that the educational needs of PCC siblings are met. Coordination with public agencies includes such activities as advocating more adequate public transportation to and from poor neighborhoods, and working with the housing authority in funding public housing or urging repairs.

STAFF PATTERNS

Stability of leadership:

The Centers in this cluster range from one which had had the same Director for four years and had lost this person just before CCR data collection, to another Center which had had four Directors. Stability of leadership is quite likely to have considerable bearing on impact.

Education of the Director:

During the PCC start-up year, previous researchers -- Kirschner Associates (KAI) -- felt that the educational background of the Director was a major factor in the type of program developed.¹ While this may have at one time been the case, after four years of operation the majority of PCC's have had at least two Directors and have changed their program considerably.

¹ A national survey of the Parent-Child Center program, 1970,
pp. 384-5.

At this point there exist too many other factors which may influence the course of PCC programs to lend too much weight to the Director's educational background, per se. In fact, it is interesting to note that four of the seven Directors in this cluster have an MSW, and one has a background in religious counseling. The two remaining Directors have bachelor's degrees.

Number of professional staff:

The range of professional staff varies between one Center which reports two professionals and another which reports nine. Nurses are represented at only three of the Centers. That finding tends to emphasize the importance of child and parent educators and coordinators in these programs. There are a total of fifteen professionals working in these seven children's programs.

Parent employment:

Two of the Centers in this cluster employ no parents. One Center hires all mothers for eight hours a week and expects each mother to spend four hours a week working with her baby at the Center. The other Centers have a range of one to nine mothers. The mothers who are employed at the Center have to be able to make some arrangements for the care of their babies. These four Centers employ a total of 20 mothers.

LEVEL OF PAC ACTIVITY:

The percent of parents on the PAC ranges from 33% at one Center to 95-100% at three of the Centers. Parents interviewed who were PAC members generally felt that they had learned a great deal from being PAC members. They felt that they had grown considerably in their ability to express their views and to understand complex issues. Some expressed a relationship between their increased competence as parents and their growing competence as citizens. The latter they felt was the result of the educational experience derived from PAC membership. The PAC's do vary to the extent that they make or share in important policy decisions.

At four of the Centers the PAC either hires and fires staff in concert with the Director or on its own. In three Centers the Director is the one who hires the staff.

The Director and the PAC share responsibility for preparation and approval of budgets and fund raising at three Centers, while the PAC has major responsibility for fiscal matters in the remaining four Centers.

Responsibility for shaping the content and direction of program is shared by the Director and the PAC in three Centers, and in two additional Centers the PAC makes decisions regarding program direction. This activity is carried out by the Director alone in only two Centers.

Recruitment of new members is the responsibility of the Director in four instances and of the PAC in three others.

Thus, no particular pattern of PAC activity emerges in these Centers except that in the majority (four) of the Centers the PAC either decides or shares in the decision-making process in at least three of the four areas described above. In only one Center does the PAC have no decision making power in three out of the four areas. As this suggests, the PAC role varies among these Centers: it is not the same three or four who experience all of the functions listed above.

Goals:

In terms of the six national goals, three of the Centers rank as their first goal improving the skills and attitudes of parents, and education of children as their second goal. In the four remaining Centers education of parents ranks second, whereas education of children or developing a sense of family or community ranks first. In any event, it is hardly surprising to find that education of parents is ranked either first or second by every Center within the cluster.

Types of families served:

Five of the six urban Centers serve a Black population which ranges from 61% of the membership at one Center to 100% at three other Centers. The other serves a highly varied population of Orientals, Caucasians, and Polynesians. The one rural Center serves a population which is two thirds Caucasian and one third American Indian.

Five of the Centers, according to their Directors, serve families which are unstable both emotionally and economically.¹ The other Centers serve families which are stable emotionally, but not economically.

In general there seems to be no relationship across the PCC's between the kinds of families served and the model of service developed.

FOCUS ITEMS:

Staff and parents were asked to rate their position on a five point scale on a series of nine key PCC dimensions. Each staff member and each parent interviewed rated not only their view of how things actually are on each of the nine issues, but also how they would like them to be under ideal circumstances.

Program focus:

Below will be presented data from the parents and staff members of Cluster 1 Centers on nine items used to ascertain perceptions of program emphases. Respondents scored each item on a scale from 1 to 5, where a rating of 1 would indicate that a PCC is seen as leaning strongly in one direction, a 5 that it is leaning strongly the other way, and a 3 that the program at the Center is balanced about evenly on the given dimension.

Each table shows means and standard deviations of four groups of ratings: staff members' perceptions of how things are

¹ All PCC focal families are of course low in income. However, there exist degrees of relative economic stability even so. CCR investigated frequency of PCC enrollment of four family types noted by KAI (ibid, p. 391 ff.). See the first section of the Director questionnaire in Appendix A for descriptions.

(staff actual), staff's perceptions of how they should be (staff ideal), and then the same two ratings from parents interviewed. The level of statistical significance of differences between means for these groups was ascertained via t-tests. Differences found significant at or beyond the .05 level have been noted as numerical superscripts alongside Centers for which they occurred. Rather than including a series of footnotes concerning significance for each table, CCR suggests that the reader jot the following legend on a separate sheet for handy reference throughout the rest of the Appendix:

- Superscript 1: Difference between staff actual and staff ideal is significant.
- 2: Difference between parent actual and parent ideal is significant.
- 3: Difference between staff actual and parent actual is significant.
- 4: Difference between staff ideal and parent ideal is significant.

Two summary points may be useful here. There was greater variability in staff ratings than in those of parents on most dimensions, observable as generally larger standard deviations associated with staff rating means. It can be speculated that staff members have stronger, more individualized opinions than parents. Also, staff may be more willing to say that emphases should be different from what they are -- more significant differences will be found of type 1 above than of type 2 on program focus items.

Table 1. Overall program focus on children (mean rating nearer 1) or on parents (mean rating nearer 5).

SITE	STAFF ACTUAL		STAFF IDEAL		PARENT ACTUAL		PARENT IDEAL	
	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.
Boston	2.55	.73	2.88	.33	2.54	.82	2.90	.30
Cleveland	3.00	1.60	3.25	1.17	2.27	1.00	2.72	1.10
Detroit	2.37	.74	2.87	.99	2.84	.38	3.00	.71
Honolulu	2.11	1.05	2.50	1.06	2.42	.62	2.85	.52
Louisville	2.42	1.40	2.50	.84	2.55	.53	2.70	.48
Menomonie	2.69	1.11	2.84	.38	2.41	1.08	2.66	1.07
Minneapolis	2.40	.70	2.77	.67	2.33	.87	2.66	.50

Staff and parents almost without exception tend to feel that their Center is somewhat more child than parent focused. There is no disagreement among staff and parents at any Center either as to how things are or how they ought to be. Similarly, parents and staff seem to be quite satisfied with the allocation of PCC resources to children and parents.

Table 2. Focus on cognitive programs (1) or emotional service (5) for children.

SITE	STAFF ACTUAL		STAFF IDEAL		PARENT ACTUAL		PARENT IDEAL	
	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.
Boston	2.77	1.09	2.55	.88	2.54	1.29	2.54	1.21
Cleveland	3.00	.93	3.25	.46	2.90	1.45	2.54	1.37
Detroit	2.62	.74	2.62	.74	2.61	.96	2.76	.83
Honolulu ⁴	2.87	.99	3.25	.87	2.64	1.08	2.35	1.01
Louisville	3.42	.53	3.00	.00	3.10	.88	2.70	.48
Menomonie	2.76	.60	3.07	.49	2.72	.47	2.91	.90
Minneapolis	2.66	.71	3.00	.00	3.00	.00	2.85	.33

Agreement between parents and staff tends to be consistently high. It is interesting to note that there is a tendency in all the Centers for the parents to place a greater emphasis on cognitive development ideally than does the staff. While this difference is statistically significant only in one case, for two others there is a noticeable tendency in this direction.

It is somewhat surprising that in Centers which so clearly emphasize the child's well being and emotional development that there is not a distinct pattern of responses in this direction. However, most staff and parents chose the mean response which allows an emphasis on both cognitive and emotional development.

Table 3. Provision of services directly (1) or through parents indirectly (5) to children.

SITE	STAFF ACTUAL		STAFF IDEAL		PARENT ACTUAL		PARENT IDEAL	
	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.
Boston	2.66	1.12	3.33	1.00	2.72	1.29	2.72	1.21
Cleveland ^{3,4}	4.12	.99	4.37	.92	2.90	1.04	2.54	1.04
Detroit	2.75	.46	3.00	.53	2.69	1.18	2.76	1.01
Honolulu	3.00	1.22	4.00	1.51	3.14	.77	3.64	.84
Louisville	3.57	1.13	3.28	1.38	3.10	1.20	3.20	1.48
Menomonie ¹	2.46	1.13	3.38	1.04	2.41	.79	2.91	.99
Minneapolis	3.10	.88	3.50	.97	2.66	.87	2.87	.35

In one Center the staff clearly see children as recipients of service through parents, while the parents themselves perceive a more even balance in approach. Staff feel that the PCC is helping parents to care for the children and thus they see the Center as providing indirect services to children. In all of the other Centers, save one, there is a tendency for staff to want a slightly greater emphasis on indirect services through parents. The same tendency is noted among parents.

Table 4. Emphasis on training (1) or providing of services (5) to parents.

SITE	STAFF ACTUAL		STAFF IDEAL		PARENTS ACTUAL		PARENTS IDEAL	
	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.
Boston ^{1,3}	3.44	1.24	2.11	.93	2.00	1.26	1.63	.50
Cleveland	3.00	1.77	1.75	.71	2.00	1.00	2.00	1.00
Detroit	3.00	1.31	2.62	1.19	2.92	1.38	2.76	1.30
Honolulu	2.00	1.12	1.25	.46	2.21	.89	1.85	1.03
Louisville ³	4.14	1.07	3.14	1.68	2.40	1.26	2.70	1.25
Menomonie	2.84	1.52	1.92	.86	3.00	1.60	2.00	1.00
Minneapolis	2.60	1.35	2.20	1.14	2.88	1.05	2.77	.67

In all the Centers there is a marked tendency on the part of staff to want a greater emphasis on training parents to do things for themselves than to provide assistance through the PCC. This difference between the way in which staff see the situation and the way in which they would like things to be is statistically significant in one Center.

While staffs tend to feel that they are doing a lot of providing, parents at three Centers tend to perceive the situation somewhat differently and to feel that they are getting mostly training. In one case this difference between the way in which the staff sees the situation and the way in which parents see it is statistically significant.

Table 5. Emphasis on emotional support (1) or material assistance (5) for parents.

SITE	STAFF ACTUAL		STAFF IDEAL		PARENT ACTUAL		PARENT IDEAL	
	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.
Boston	3.22	1.20	2.55	.73	2.81	.98	3.00	.77
Cleveland	3.12	.35	3.00	.00	2.63	.81	2.81	.60
Detroit	2.50	.76	2.62	.74	2.61	1.12	2.92	.86
Honolulu	3.44	1.13	3.00	.93	3.07	.92	3.00	.68
Louisville	3.42	.98	3.42	.79	2.60	.97	3.20	.63
Menomoneie	2.69	.85	2.38	.77	2.50	1.17	2.58	.79
Minneapolis ³	2.00	.94	2.60	.70	2.85	.38	3.12	.83

Both staff and parents in the majority of Centers tend to feel that there is an even balance between emotional support

and material service provision. In one PCC there is a significant difference between the way in which staff and parents perceive the situation, with parents feeling that more is done for them in terms of material assistance.

Table 6. Focus on homemaking (1) or parenting (5) instruction for parents.

SITE	STAFF ACTUAL		STAFF IDEAL		PARENT ACTUAL		PARENT IDEAL	
	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.
Boston ^{1,3}	1.66	.87	2.77	.44	2.63	.81	2.80	.63
Cleveland	3.50	1.07	3.37	.52	3.36	.67	3.45	.82
Detroit	3.12	.83	3.50	.76	3.30	1.32	2.76	.83
Honolulu ¹	2.11	1.05	3.37	.74	2.57	1.28	3.14	.66
Louisville	3.71	.95	3.42	.79	3.60	.70	3.50	.85
Menomonie	2.92	.86	3.38	1.04	3.25	1.14	3.00	1.04
Minneapolis	3.80	1.23	3.50	.85	3.28	1.38	3.50	1.31

In keeping with their emphasis on training mothers to be competent in their roles, the staffs at these Centers tend to choose a parents' program which is fairly evenly balanced between homemaking skills and parenting skills. In

two PCC's where the staffs feel the programs are heavily weighted on the side of homemaking skills there is significant staff dissatisfaction on this issue and a desire to move in the direction of equalizing the emphasis.

The parents at these Centers tend to agree with the staff. At the Center where staff and parents disagree as to what is, parents seem to have internalized the staff ideal,

because their view of how things are corresponds to the staff's.

Table 7. Key program decisions made by parents (1) or staff (5).

SITE	STAFF ACTUAL		STAFF IDEAL		PARENT ACTUAL		PARENT IDEAL	
	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.
Boston	2.55	1.24	2.22	.97	1.72	1.35	1.54	.93
Cleveland	2.87	1.81	3.25	1.04	2.18	.98	2.27	1.00
Detroit ⁴	2.25	1.04	1.87	.35	3.07	1.38	2.84	1.21
Honolulu	3.11	1.54	2.50	1.31	3.35	1.08	2.71	1.13
Louisville	2.28	1.11	2.57	1.13	2.30	1.42	2.40	.84
Menomonie	2.23	1.24	2.15	.80	2.75	.87	2.16	.83
Minneapolis ⁴	3.44	1.42	2.30	1.16	3.57	.79	3.12	.35

In five of the Centers the staff feels that parents make the bulk of the decisions about program. Parents feel that they have the determining voice in four of the Centers, but in two Centers the parents apparently feel that they would like staff to take a more active role ideally. This differs significantly from the staff ideal view.

Table 8. Center run more like a family (1) or like a business (5) overall.

Site	STAFF ACTUAL		STAFF IDEAL		PARENT ACTUAL		PARENT IDEAL	
	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.
Boston	2.66	1.66	2.11	1.17	1.45	.82	1.45	.82
Cleveland ^{2,4}	1.62	.92	2.62	.92	1.90	1.04	1.63	.92
Detroit	1.50	.76	1.62	.74	1.61	.77	1.84	.90
Honolulu	1.33	.50	1.25	.71	1.78	1.05	1.64	.93
Louisville ³	2.42	.98	2.57	1.13	1.30	.67	2.00	1.41
Menomonie	1.76	.60	2.00	.71	1.58	.79	1.58	.79
Minneapolis	2.50	1.18	3.00	1.41	2.44	1.33	2.22	1.39

Both parents and staffs tend to see their PCC's as being very much like a family. In one location there is a significant difference between the way in which the staff sees things and the way in which they would like things to be. A potential problem is the fact that the parents are quite satisfied with the way things are and are not in agreement with the staff ideal of a PCC which is run more like a business. At another site, staff sees the Center as more of a business than do the parents who see it very much as a family operation.

Table 9. Focus of families served is on "down-and-out" (1) or on "just need a break" (5).

SITE	STAFF ACTUAL		STAFF IDEAL		PARENT ACTUAL		PARENT IDEAL	
	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.
Boston ⁴	2.44	1.24	2.00	1.00	2.36	.81	3.09	.70
Cleveland	3.75	.89	3.50	.76	3.72	1.10	3.72	1.35
Detroit	2.50	.76	2.25	.89	2.84	.99	2.84	.55
Honolulu	2.88	1.69	2.62	.92	3.21	1.48	2.85	1.03
Louisville	2.85	1.22	3.14	.90	2.33	.87	2.80	.42
Menomonie	2.07	.76	2.53	1.13	2.66	.98	2.75	1.14
Minneapolis	2.20	.92	2.30	.95	3.14	.90	3.16	.98

The staff emphasis tends to be on serving families who are perceived as being very needy. In one Center the staff ideal is to serve the most economically and emotionally impoverished families, while the parent ideal is to serve families who have some resources and assets in their favor.

Leadership:

Table 10. Director's working style more affiliative (1) or businesslike (5).

SITE	STAFF ACTUAL		STAFF IDEAL	
	Mean	S. D.	Mean	S. D.
Boston	2.33	1.32	2.55	1.24
Cleveland	2.25	1.39	3.37	.74
Detroit	3.25	1.58	2.50	1.07
Honolulu	2.44	1.07	1.77	.79
Louisville	3.28	1.25	3.00	.58
Menomonie	2.30	.85	2.15	1.28
Minneapolis	2.60	.84	2.60	.84

The Directors at all but two of these PCC's were seen more as being concerned for feelings of staff members than as adopting a more authoritative, businesslike approach in passing on instructions or suggestions. In the other two, the mean rating was not far at all to the businesslike side of the scale's middle. Further, most of the staffs felt their leaders were taking the right tone in this respect. Of the two relatively noticeable deviations between actual and ideal (neither of them significant), one favored more concern for feeling and the other more "laying down of the law," so to speak.

Table 11. Director's style of structuring instructions (1) or leaving them loose (5).

SITE	STAFF ACTUAL		STAFF IDEAL	
	Mean	S.D.	Mean	S.D.
Boston	2.88	1.54	2.44	.88
Cleveland ¹	4.75	.46	2.87	1.46
Detroit	3.37	1.60	2.25	1.04
Honolulu	4.44	.68	4.43	.67
Louisville	1.85	.90	2.85	1.46
Menomonie	2.92	1.32	2.46	1.27
Minneapolis	3.90	1.66	3.60	1.58

This item dealt with the degree to which directives were spelled out precisely or the degree to which they were left mainly to the discretion of the staff members in execution. Rating means vary widely among the PCC's. The two most extreme actual means were paired with ideal ratings almost in the middle of the scale (difference being significant in one of those cases). Overall, these Directors seem to leave their instructions moderately loose, and staffs seem to prefer things that way.

Table 12. Directors working-role as Administrator (1) or teacher (5).

SITE	STAFF ACTUAL		STAFF IDEAL	
	Mean	S.D.	Mean	S.D.
Boston	2.66	1.32	3.33	.87
Cleveland	1.50	.93	2.25	1.17
Detroit	2.87	1.46	3.12	1.36
Honolulu	1.66	1.05	2.33	1.05
Louisville	2.14	1.57	3.24	1.27
Menomonie	1.76	.83	2.50	1.38
Minneapolis	2.60	1.84	3.80	1.69

All Centers in the group have Directors whose working role is seen more as that of an Administrator than as a participant teacher. Staffs at all seven Cluster 1 locations gave ideal ratings which favored the Director increasing his or her participation as a teacher. The fact that staff would like to see that person adopt more of a teacher's role may indicate that they feel that everybody should be as involved as possible in educational aspects.

Table 13. Director's innovativeness (1) or conservatism (5) in instituting programs.

SITE	STAFF ACTUAL		STAFF IDEAL	
	Mean	S.D.	Mean	S.D.
Boston ¹	3.77	1.72	1.77	1.09
Cleveland	2.25	1.75	1.50	.76
Detroit	4.12	1.36	2.75	1.17
Honolulu	2.44	1.34	2.11	.99
Louisville	2.42	1.51	2.14	1.07
Menomonee	2.41	1.00	2.33	1.37
Minneapolis	1.90	.88	1.60	.97

A wide range in perceived innovativeness came from these staffs. Two Centers were seen as being somewhat conservative in establishing or adjusting program elements, while one was taken to be decidedly change-oriented. Ideal ratings show that all staffs prefer a more "venturesome" format than one they see. In one case, this desire was statistically significant.

Table 14. Degree to which staffs feel they work "with" (1) or "for" (5) the Director.

SITE	STAFF ACTUAL		STAFF IDEAL	
	Mean	S.D.	Mean	S.D.
Boston	2.66	1.66	2.00	1.00
Cleveland	2.62	1.06	2.50	1.30
Detroit	2.62	1.60	2.00	.93
Honolulu	1.77	.79	1.33	.47
Louisville ¹	3.71	1.60	1.85	.90
Menomonie	1.69	.63	2.00	.71
Minneapolis	1.70	.95	1.30	.67

All but one of the six Cluster 1 staffs felt more of a comradely working arrangement -- working "with" the Director -- than of a more structured or hierarchical system of carrying out edicts -- working "for" the Director. All staffs liked the sense of working "with," and one showed a significant desire for less rigid lines of command.

Table 15. Frequency (1) or infrequency (5) of Center meetings.

SITE	STAFF ACTUAL		STAFF IDEAL	
	Mean	S.D.	Mean	S.D.
Boston	2.22	1.48	1.55	.88
Cleveland	1.50	.76	1.37	.74
Detroit ¹	1.25	.71	2.50	.93
Honolulu	1.77	.79	2.11	.87
Louisville	2.71	.76	3.00	1.00
Menomonie	2.38	1.26	2.38	.77
Minneapolis	2.30	1.25	1.80	1.03

All Centers hold staff or parent-staff meetings with apparent frequency. Staff respondents felt in general that this is good, although at one PCC ideal ratings showed a consensus that there might be too many such meetings.

CLUSTER 2 CENTERS

SOCIAL SERVICE COMPONENT

Direct services:

All of these Centers provide direct services in some areas. The range is from two to six areas of service.

All eight Centers provide transportation, five Centers have an emergency fund; seven Centers offer services regarding housing problems; three offer job counseling; and six Centers offer some form of emotional counseling.

As was the case in the previous cluster, none of these more educationally oriented Centers has a strong social case-work orientation. Staff is available to do some counseling, but their primary task is to do parent education and referrals to other agencies. Four Centers have an MSW on their staff performing social work functions, and two others have family services coordinators at the B.A. or B.S. level.

Referrals to and from other agencies:

Referrals are most commonly made to social service and public institutions. Thus, a great number of referrals are made to the Department of Welfare and the Department of Health. In addition, these Centers do relate to educational institutions, health agencies, and civic/business/legal agencies.

All of the Centers rely on other agencies for material help. Five of the Centers mention material help from educational institutions. Three get help from social agencies, two from civic/business/legal organizations, and two from religious/philanthropic institutions.

Coordination with other agencies:

Five Centers report joint planning and coordinating efforts with other agencies. Coordination with health agencies, educational institutions, public agencies, and civic/business/legal organizations is considerable.

STAFF PATTERNS

Stability of leadership:

The range of Director longevity in this cluster is from one Center with the same Director for the last four years to a Center with an Acting Director for the past six months. Three of the Directors have been there for over three years; leadership in the Centers in this cluster tends to be quite stable.

Education of the Director:

Four of the Directors in this cluster have degrees in education, one has a doctorate in psychology, two have no advanced degree, and one has a degree in social work. In light of Director stability in these Centers it is perhaps not surprising that the educational background of these

Directors has shaped the program in favor of an educational model not only for parents, but also for children. It should be recalled that in the previous cluster, even though there was more Director turnover and it was felt that the present Directors had not shaped program to such a large degree, not a single Director had a degree in education.

Number of professional staff:

The number of professional staff ranges from five to ten. A nurse is employed in four of the Centers. In all of them there is a particularly high proportion of early childhood coordinators and teachers. In the eight Centers there are 23 professionals working in children's programs, approximately three per Center. Thus, the Centers in this cluster have a higher concentration of professionals working in the children's program.

Parent employment:

Six of the Centers in this cluster employ parents. These six Centers employ a total of 61 parents, with a range from three to twenty one. In addition to the Center which employs 21 parents, two others employ a large number of parents: 11 and 15. These Centers do seem to be employing a far larger number of parents than are Centers in the previous cluster.

LEVEL OF PAC ACTIVITY

The percentage of parents on the PAC ranges from 50 to 80.

At four Centers the PAC can hire and fire staff either on its own or as a shared responsibility with the Director. At three Centers this is solely the PAC's prerogative. At one Center, it is the delegate agency which has the power to hire and fire.

Financial responsibilities are shared by Director and PAC at six Centers, are executed by the PAC at one Center, and are executed by the delegate at the eighth.

Program determination is the responsibility of the PAC at four Centers and is shared with the Director at two additional ones. At the remaining two Centers the Director establishes the direction of program.

Recruitment for program is the responsibility of the PAC in three Centers, is shared with the Director in three more Centers and is the province of the Director alone in two Centers.

Thus, in five Centers the PAC either shares responsibility or has autonomy in decision-making in at least three areas. In two Centers the PAC has autonomy in two areas, and in the final Center the PAC has only a sharing voice in just one area, with no areas of direct control.

GOALS

Three of the Centers select parent education as their first goal and children's education as their second goal. Three Centers select children first and parents second. In the two remaining Centers parent education is ranked third and fourth, and children's education is ranked first and third.

TYPES OF FAMILIES SERVED

Five urban PCC's have a Black membership; this ranges from 40% to 100%. Two of these Centers are genuinely integrated with 60% Black and 40% Caucasian membership in one Center and just the opposite proportions in another. In the rural Centers, the population is 100% Caucasian at one, and roughly 80% Caucasian and 20% Black in the other two.

Three of the Centers serve families which are unstable both economically and emotionally. Two serve families which are considered to be emotionally stable, but with unstable incomes. Two serve families which are unstable emotionally but which have stable incomes. One Center serves families which are stable in both areas. Once again there seems to be no relationship between type of program and type of family served, at least as the latter is defined by the PCC Director.

Focus Item

Program focus:

Table 16. Overall program focus on children (mean rating nearer 1) or on parents (mean rating nearer 5)

SITE	STAFF ACTUAL		STAFF IDEAL		PARENT ACTUAL		PARENT IDEAL	
	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.
Atlanta	2.75	.97	3.25	.87	2.37	.92	2.75	.71
Baltimore	2.78	.58	3.07	.27	2.53	.66	2.69	.48
Chattanooga	2.12	.64	3.00	1.07	3.14	.90	2.57	.79
Cincinnati	3.11	.33	3.11	.78	2.83	.58	2.50	.90
Jacksonville	2.83	.94	2.83	1.47	2.81	.79	2.20	.63
Leitchfield ¹	1.80	.92	2.80	.79	2.44	.88	2.50	.85
Mt. Carmel	2.46	.78	2.76	.60	2.56	.73	2.62	.81
Summerville	2.50	.58	2.25	.50	2.80	.45	2.80	.45

Cluster 2 Centers are emphasizing parenting skills among parents, and general development among children. Staff members at these PCC's see their programs as being a bit more child-oriented than do the parents, although differences are not marked in any particular case. Staffs feel that a bit more emphasis might be placed on service to parents and in one instance this feeling is statistically significant. Parents feel that programs should be slightly child-centered.

Table 17. Focus on cognitive programs (1) or emotional service (5) for children.

SITE	STAFF ACTUAL		STAFF IDEAL		PARENT ACTUAL		PARENT IDEAL	
	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.
Atlanta	2.50	.90	2.83	1.11	2.37	.99	2.75	.71
Baltimore	2.85	.95	2.85	.95	2.61	.66	2.61	.48
Chattanooga	3.37	.74	3.25	.46	3.00	1.15	3.00	1.15
Cincinnati	2.77	1.09	2.88	.78	2.66	1.15	2.91	.90
Jacksonville	2.83	1.03	2.90	.94	2.60	.52	2.80	.42
Leitchfield	3.20	.42	3.10	.32	3.22	.83	3.00	1.05
Mt. Carmel	2.30	.85	2.69	.48	2.12	.96	2.50	.89
Summerville ³	2.25	.50	2.25	.50	3.00	.00	2.60	.89

Both groups of respondents took the position that their children's programs were about evenly balanced between cognitive stimulation and more general developmental aspects. Further, they agreed that this is as it should be.

Table 18. Provision of services directly (1) or through parents indirectly (5) to children.

SITE	STAFF ACTUAL		STAFF IDEAL		PARENT ACTUAL		PARENT IDEAL	
	Mean	S.D.	Mean	S.D.	Mean	S. D.	Mean	S. D.
Atlanta	3.33	1.55	4.08	1.24	4.00	1.51	3.37	1.51
Baltimore	2.78	1.12	3.07	1.21	2.92	1.26	3.53	. 78
Chattanooga	3.37	1.41	4.00	.93	4.00	1.53	3.85	1.57
Cincinnati	3.22	1.09	2.88	.93	3.25	1.48	3.08	1.08
Jacksonville	2.91	1.44	3.72	1.55	3.10	1.29	3.70	.95
Leitchfield	3.60	1.35	3.90	.88	4.20	1.31	4.00	1.41
Mt. Carmel ¹	2.69	1.25	3.69	1.03	2.93	.77	3.31	.95
Summerville	3.00	.82	2.50	1.29	2.00	1.00	2.00	.71

Consensus had it that Cluster 2 programs are balanced in the sense of serving children both directly through PCC action and indirectly through the training of mothers. Most also felt that if anything were to change in this respect, more emphasis should be put on the indirect approach. However, only the staff at one Center felt that significantly more of an indirect emphasis is needed.

Table 19. Emphasis on training (1) or providing of services (5) to parents.

SITE	STAFF ACTUAL		STAFF IDEAL		PARENT ACTUAL		PARENT IDEAL	
	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S. D.
Atlanta	1.83	1.11	2.00	.95	1.75	1.16	1.62	.92
Baltimore	1.42	.51	1.71	.83	2.15	.90	2.07	.86
Chattanooga	2.50	.93	1.62	.92	2.28	1.89	2.00	1.53
Cincinnati	2.11	1.54	2.44	1.42	1.83	1.34	2.41	1.50
Jacksonville ¹	3.08	1.44	1.54	.82	2.90	1.45	1.90	1.10
Leitchfield	2.10	1.60	1.20	.42	1.70	.95	1.33	.71
Mt. Carmel ^{1,4}	1.53	.88	1.00	.00	1.87	1.09	1.62	1.15
Summerville ⁴	2.75	1.50	1.50	.58	3.00	.00	3.00	.00

The aspect of training in parenting that helped to establish this model came through rather strongly when opinions were requested as to relative efforts expended by these Centers in training or directly providing services. Staffs at five of the eight PCC's, and parents at six of the eight, believed that their Centers were decidedly training rather than providing. No group saw things the other way around. And that is the way they all felt that things should be ideally. In fact, at some Centers the opinion was that training should be even more heavily emphasized (significantly so in one location).

Table 20. Emphasis on emotional support (1) or material assistance (5) for parents.

SITE	STAFF ACTUAL		STAFF IDEAL		PARENT ACTUAL		PARENT IDEAL	
	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.
Atlanta	3.25	1.36	3.00	1.41	2.50	1.77	3.50	.76
Baltimore	2.57	.65	2.57	.85	2.69	.63	2.46	.52
Chattanooga	3.12	1.36	1.87	.83	2.83	1.83	2.00	1.00
Cincinnati	2.88	1.05	2.88	.93	2.66	.78	3.00	.00
Jacksonville	3.33	.89	2.45	1.21	3.40	1.26	3.00	1.05
Leitchfield ^{3,4}	2.40	1.17	2.10	.99	4.70	.67	3.60	1.58
Mt. Carmel	2.76	.93	2.69	.63	2.40	1.12	2.75	1.24
Summerville	2.75	.50	2.50	.58	3.00	.00	3.00	.00

Little need be said about differences in approach regarding emotional or material support. The cluster is essentially balanced between the two in terms of both what is and what should be. One Center provides a deviation from the norm in that parents both perceive and desire more material aid than staff members there do.

Table 21. Focus on homemaking (1) or parenting (5) instruction for parents.

SITE	STAFF ACTUAL		STAFF IDEAL		PARENT ACTUAL		PARENT IDEAL	
	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.
Atlanta ²	2.25	1.14	2.91	1.08	1.87	.99	2.87	.35
Baltimore	3.71	.99	3.78	.98	3.30	1.11	3.61	1.26
Chattanooga	3.75	.71	3.62	.74	4.16	1.60	4.28	.95
Cincinnati	2.88	1.17	2.88	1.17	2.66	.78	3.08	.29
Jacksonville	2.91	1.16	3.09	1.04	3.30	1.16	3.10	1.20
Leitchfield	3.60	1.08	3.70	.82	3.10	1.52	3.10	1.20
Mt. Carmel	3.23	.83	3.76	.73	3.37	1.02	3.50	.82
Summerville	3.50	.58	3.50	.58	2.40	1.14	2.80	1.30

The preponderance of feeling is that Cluster 2 PCC's are teaching more about how to be parents than about how to be homemakers. Staffs feel that way slightly more than the parents do, and both groups on the whole believe that the ideal would be to have more child development instruction. The parents at one Center felt that way especially strongly.

Table 22. Key program decisions made by parents (1) or staff (5).

SITE	STAFF ACTUAL		STAFF IDEAL		PARENT ACTUAL		PARENT IDEAL	
	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.
Atlanta	3.90	1.22	3.36	.92	4.00	1.51	2.75	.71
Baltimore	2.71	1.07	2.64	.74	2.46	1.27	2.30	1.18
Chattanooga ³	3.50	1.41	2.50	.93	2.14	1.57	2.42	1.51
Cincinnati ³	1.66	.87	2.55	1.01	2.75	1.36	2.83	.58
Jacksonville	2.41	1.08	1.90	.70	3.10	1.37	2.40	.97
Leitchfield	2.80	1.32	2.40	.97	2.20	1.32	1.80	.92
Mt. Carmel ¹	3.61	1.19	2.69	.63	3.26	1.03	3.00	1.03
Summerville	2.50	.58	2.50	.58	1.60	.89	2.00	.71

Cluster 2 differs from Cluster 1 in that, on the average, a greater proportion of both staff and parents together felt that staff members should do more deciding. In two Centers there was a significant difference between staff and parent perceptions of what actually was happening. The differences occurred in opposite directions; in one case each group thought they had the greater say, but in the other it was just the reverse.

Table 23. Center run more like a family (1) or like a business (5) overall.

SITE	STAFF ACTUAL		STAFF IDEAL		PARENT ACTUAL		PARENT IDEAL	
	Mean	S.D.	Mean	S.D.	Mean	S. D.	Mean	S.D.
Atlanta ³	3.58	1.44	2.33	1.58	1.87	1.25	2.00	1.07
Baltimore	1.28	.47	1.57	.85	1.46	.78	1.46	.78
Chattanooga	1.37	.52	1.50	.76	1.28	.76	1.57	.98
Cincinnati	2.22	1.09	2.00	.87	1.41	.79	1.58	.90
Jacksonville	1.33	.49	1.54	.82	1.30	.48	1.30	.95
Leitchfield	1.50	.71	1.50	.85	1.20	.63	1.00	.00
Mt. Carmel	1.84	1.14	1.69	1.03	1.50	.73	1.56	1.15
Summerville	1.00	.00	1.50	.57	1.40	.55	1.80	.45

All but the staff group at one of these PCC's really felt their Centers had more the flavor of a family than of a business. That one staff also believed that their Center would ideally seem more like a family. With the exception of that PCC, this cluster had the strongest perceptions of a home-like atmosphere of all, a finding wholly consonant with the model's outline of accepting motherhood skills and the presence of the mother at the PCC with her child.

Table 24.

Focus of families served is on "down-and-out" (1) or on "just need a break" (5).

SITE	STAFF ACTUAL		STAFF IDEAL		PARENT ACTUAL		PARENT IDEAL	
	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S. D.
Atlanta	2.41	1.38	2.41	1.31	3.00	.00	2.75	.71
Baltimore	3.28	.73	3.14	.86	2.84	1.21	2.53	.78
Chattanooga ³	2.37	1.06	2.62	.74	3.42	1.81	3.14	1.22
Cincinnati	2.66	.71	2.55	.73	2.83	.58	2.83	.58
Jacksonville	3.00	1.04	2.63	1.12	2.60	1.58	2.80	1.14
Leitchfield ³	2.30	.82	2.60	.97	1.50	.71	2.00	1.41
Mt. Carmel	2.23	1.24	3.00	.91	2.87	1.20	3.25	1.24
Summerville ¹	1.75	.95	3.00	.81	2.00	1.41	3.00	.00

Only one of the eight Centers was strongly seen by staff as expending a preponderance of effort on behalf of the most needful types of target area families (mean actual rating of less than 2). The parent sample at another Center felt the same way. Other respondents felt their Centers were balanced. There was a rather strong congruence between actual and ideal ratings, indicating that almost all participants at these PCC's feel they are serving the right kinds of families.

Leadership:

Table 25. Director's working style more affiliative (1) or businesslike (5)

SITE	STAFF ACTUAL		STAFF IDEAL	
	Mean	S. D.	Mean	S. D.
Atlanta ¹	4.33	.77	2.50	1.24
Baltimore	1.71	.91	2.14	.95
Chattanooga	2.12	.83	2.12	.99
Cincinnati	2.00	1.32	2.88	.78
Jacksonville	2.00	.74	2.63	1.21
Leitchfield	2.40	1.17	2.30	.95
Mt. Carmel	2.15	1.21	2.23	.73
Summerville	1.25	.50	1.53	.58

Staff members at seven of the eight PCC's considered their leaders to be rather sensitive to staff feelings about what things should be done, and how. The single Center where the Director was considered rather businesslike in approach (the same one at which staff believed a family-like atmosphere was possibly lacking -- see Table 22) produced the only significant difference between opinions of actual and ideal.

Table 26.

Director's style of structuring instructions (1) or leaving them loose (5).

SITE	STAFF ACTUAL		STAFF IDEAL	
	Mean	S. D.	Mean	S. D.
Atlanta	3.16	1.64	3.16	1.40
Baltimore	2.14	1.35	2.07	1.27
Chattanooga	4.37	.74	4.25	.89
Cincinnati ¹	4.11	1.36	2.77	1.48
Jacksonville ¹	4.00	1.48	2.36	1.43
Leitchfield	4.00	1.25	3.20	1.43
Mt. Carmel	3.61	1.45	3.30	1.03
Summerville	4.25	1.50	4.00	1.73

An indication of the home-style approach associated with this model comes from the perceived degree of structuring of assignments by Directors. All but one were seen as leaving details or method of accomplishment largely to the discretion of subordinates. It is interesting to note that two staffs definitely wanted their instructions to be spelled out more precisely, while most of the others leaned slightly toward that point of view.

Table 27. Director's working role as administrator (1)
or teacher (5)

SITE	STAFF ACTUAL		STAFF IDEAL	
	Mean	S. D.	Mean	S. D.
Atlanta	1.91	1.50	3.08	1.51
Baltimore	3.07	1.33	3.07	.87
Chattanooga	3.12	1.81	3.75	1.58
Cincinnati	1.66	.87	2.11	.93
Jacksonville	2.08	1.51	2.72	1.42
Leitchfield	2.00	1.33	3.10	1.20
Mt. Carmel	3.84	.99	4.00	1.00
Summerville	3.25	1.26	4.00	1.00

These staffs were more likely to see their Directors as taking something of the teacher's role than those at Centers in other clusters. The head person is seen as taking more of a direct hand in day-to-day activities with parents and children. Further, these staffs would like their Directors to adopt even a bit more of a teaching role.

Table 28.

Director's innovativeness (1) or conservatism (5) in instituting programs.

SITE	STAFF ACTUAL		STAFF IDEAL	
	Mean	S. D.	Mean	S. D.
Atlanta	2.50	1.68	2.50	1.57
Baltimore	1.71	.99	1.85	1.10
Chattanooga	2.50	1.51	2.00	1.20
Cincinnati	2.88	1.54	2.00	1.00
Jacksonville	1.66	.89	1.54	.82
Leitchfield	1.70	1.25	2.40	1.51
Mt. Carmel	2.33	1.24	2.69	.85
Summerville	1.00	.00	1.00	.00

Another finding consistent with the model characteristics is evident here. These Directors are seen as being rather willing to try new elements or policies. That definitely fits with the general air of informality, and is liked by the staff members (as seen in the close correspondence of ideal and actual ratings).

Table 29.

Degree to which staffs feel they work "with" (1) or "for" (5) the director.

SITE	STAFF ACTUAL		STAFF IDEAL	
	Mean	S. D.	Mean	S. D.
Atlanta ¹	4.58	.67	2.08	1.24
Baltimore	1.50	1.16	1.28	.73
Chattanooga ¹	2.00	1.41	1.50	.76
Cincinnati	2.66	1.66	2.11	1.36
Jacksonville	1.16	.39	1.36	.67
Leitchfield	2.00	1.15	1.50	.71
Mt. Carmel	2.23	.39	1.36	.67
Summerville	1.00	.00	1.00	.00

There is a definite impression of working alongside the Director, rather than as a subordinate, at all except one of the Cluster 2 sites. That is obviously the way staff members prefer to have it.

Table 30. Frequency (1) or infrequency (5) of Center meetings.

SITE	STAFF ACTUAL		STAFF IDEAL	
	Mean	S. D.	Mean	S. D.
Atlanta	3.58	1.00	3.33	.89
Baltimore	2.21	1.12	1.85	.95
Chattanooga	2.37	1.30	2.25	1.39
Cincinnati	2.33	1.50	2.44	1.13
Jacksonville	2.50	1.38	2.18	1.08
Leitchfield	2.10	1.29	2.30	1.16
Mt. Carmel	2.30	.95	2.69	.75
Summerville	2.50	1.00	2.33	1.15

Finally, meetings seem to be held with about moderate frequency. Again, desires fit well with perceptions of the way things are.

CLUSTER 3 CENTERS

SOCIAL SERVICE COMPONENT:

Direct services:

Centers in this cluster provide a range of direct services in from three to six areas. All Centers provide transportation. Services in relation to housing are offered only by the rural Center. Emergency funds are offered by two of the Centers. None of the Centers does job counseling, but all of them make referrals in this area. Unlike the previous two clusters, all Centers in this cluster provide day care services. Two of the Centers provide some counseling, but this aspect is not particularly stressed in any of the programs.

Referral to and from other agencies:

In the rural Center relatively few referrals are made. In the two urban Centers there is a somewhat higher rate of referrals, but this is still not a very intense activity compared with other urban Centers.

In the rural Center, there seems to be contact essentially with public agencies and with health agencies. The urban Centers also relate to educational institutions and social service agencies.

Material help is provided by religious/philanthropic organizations, by public agencies, by social service agencies, and by civic/business/legal organizations.

Coordination with other agencies:

Joint planning with other agencies is not done by one of the Centers and at the two remaining Centers is only done with one type of institution -- an educational institution in one case and social service agencies in the other.

The social service component is not especially well developed at any of these Centers. At two of them there is no social service staff and one Center has a non-professional aide. These Centers emphasize career development for mothers and cognitive development for the children. In addition, the rural Center is in an area where medical services are very poor and a considerable portion of the budget goes to pay for medical services. Thus, in this scheme social services, and particularly mental health services, have a very low priority.

STAFF PATTERNS:

Stability of leadership:

The range is from one Center which had only an Acting Director at the time of the CCR site visit to a Center where the Director has been employed for more than two years.

Education of the Director:

One of the Directors is a Social Worker, one has a college degree and one has had some college. There is no evidence to suggest that at this point in time the educational background of the present Director or Acting Director has a significant influence on program priorities and decisions.

Number of professional staff:

The Centers in this cluster have a relatively low number of professional staff. Whatever staff there is, is almost exclusively devoted to children's programs. There are approximately two such professionals at each Center. There is a Nurse at only one of these Centers.

Parent employment:

All three Centers employ parents; at one, parent employment is the most critical determining feature of the whole program. A total of 18 mothers are employed at these Centers, 16 of them at one alone.

LEVEL OF PAC ACTIVITY:

The percentage of parents on the PAC ranges from 51-80. At two of the Centers the PAC either shares with the Director or has sole responsibility for hiring and firing of staff, budget preparation and approval, shaping of program and its objectives, and recruitment. In the third Center the Director does the hiring and makes decisions about program, but the PAC makes decisions on financial matters and on recruitment policy.

GOALS:

At two of the Centers the first priority is serving children, at the third parents come first and children second. Where Centers have developed full-time programs for children and the bulk of staff time and energy is devoted to children's programming, it is hardly surprising that children's programming is rated as the first goal.

TYPES OF FAMILIES SERVED:

In one PCC the families are Mexican-American and in the other two approximately 90% are Black.

Two primarily serve families which are stable, but which have unstable incomes. In this respect the model adopted by each Center is well suited to the needs of the families served. In one, where there is an all day children's program, mothers are able to work. In another, the Center takes care of children while their mothers work in the field. It also employs half of its membership, which is extremely important in an area where there are no jobs outside of farm-related activities.

In the third Center, families are regarded as being stable economically, but unstable emotionally.

FOCUS ITEM

Table 31. Overall program focus on children (mean rating nearer 1) or on parents (mean rating nearer 5).

SITE	STAFF ACTUAL		STAFF IDEAL		PARENT ACTUAL		PARENT IDEAL	
	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.
Dallas ^{1,2}	2.00	.53	3.25	.46	2.07	1.00	3.14	.53
Pasco ^{1,3}	2.23	.44	3.07	.64	2.77	.67	2.77	.83
Philadelphia ¹	2.66	.47	3.33	.47	2.85	.36	2.86	.35

Both staff and parents see the PCC as placing a greater emphasis on children than on parents. In one case there is a significant difference between the way in which staff and parents see things: the parents seem to have internalized the ideal of the staff and they see the Center as being more oriented toward parents.

There is little disagreement between parents and staff as to how things are and no disagreement between them as to how things ought to be. However, at all three Centers there is considerable dissatisfaction within the staff group with the way things are. The staff would like the Center to move toward a more balanced emphasis. In one PCC the parents would also like this shift in emphasis.

Such a shift would be likely to change the whole character of these Centers, which have highly developed children's programs. An equal emphasis on parents at these Centers would in all likelihood mean less intensive services to children so that parents would no longer be able to work or to take time off from children. The implications of a shift toward parent services should be carefully considered.

Table 32. Focus on cognitive programs (1) or emotional service (5) for children.

SITE	STAFF ACTUAL		STAFF IDEAL		PARENT ACTUAL		PARENT IDEAL	
	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.
Dallas ¹	2.50	.76	3.25	.46	2.64	.74	3.07	1.00
Pasco	2.69	.63	3.00	.41	3.00	.50	3.12	.35
Philadelphia	3.00	.47	3.22	.63	2.85	.84	2.86	.83

In two of the Centers there is a tendency toward an emphasis on cognitive development. This is hardly surprising in a group of Centers which maintains highly structured programs for children.

One staff would like to move away from that structured emphasis on cognitive development. Staffs and parents in the other Centers evince no conflict on this issue either within or between themselves.

Table 33. Provision of services directly (1) or through parents indirectly (5) to children.

SITE	STAFF ACTUAL		STAFF IDEAL		PARENT ACTUAL		PARENT IDEAL	
	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.
Dallas ¹	2.37	.52	3.50	.53	2.78	1.31	3.00	1.35
Pasco ¹	2.38	.77	3.23	.93	2.87	.64	3.00	.00
Philadelphia	3.22	.92	3.66	.82	3.50	.85	3.20	1.01

Most staff and parents feel that the ratio between direct and indirect services to children is approximately even. There is no conflict between parents and staff on the way they see things on this issue, nor is there any dissatisfaction on the part of the parents with the way things are. One staff would like to move a bit away from giving direct services.

Table 34. Emphasis on training (1) or providing of services (5) to parents.

SITE	STAFF ACTUAL		STAFF IDEAL		PARENT ACTUAL		PARENT IDEAL	
	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.
Dallas ^{1,4}	3.62	1.51	1.50	.76	3.71	1.14	3.00	1.04
Pasco	2.84	1.07	2.23	.73	2.66	.71	2.55	.73
Philadelphia	2.55	1.26	2.44	1.17	2.28	1.14	2.06	1.03

There is one point of dissatisfaction on the part of the staff; a feeling that too much providing is being done. Since the staff ideal is very different from parent ideal, movement toward this goal is likely to produce parent-staff conflict.

Staff and parents at the other PCC's seem to be satisfied with the balance achieved between training on one hand and providing on the other.

Table 35. Emphasis on emotional support (1) or material assistance (5) for parents.

SITE	STAFF ACTUAL		STAFF IDEAL		PARENT ACTUAL		PARENT IDEAL	
	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.
Dallas	3.00	1.41	2.62	.74	2.35	1.34	2.64	1.08
Pasco	2.61	.96	2.23	.60	3.37	.52	3.00	.53
Philadelphia	3.00	1.32	2.77	1.09	2.78	.89	2.46	.99

In two of the Centers there seems to be a fairly even balance between emotional support and material assistance. Since these Centers seem to have more material services available than counseling services, that support must come informally from the staff.

At the third Center, parents perceive considerably more material services than do the staff. Moreover, the parent ideal favors material services while staff feels that the program should lean toward emotional support.

Table 36. Focus on homemaking (1) or parenting (5)
instruction for parents.

SITE	STAFF ACTUAL		STAFF IDEAL		PARENT ACTUAL		PARENT IDEAL	
	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.
Dallas	3.62	1.30	3.37	.74	2.92	1.38	3.14	.86
Pasco	3.84	.55	3.61	.65	3.77	.44	3.55	.52
Philadelphia	3.00	1.00	3.33	.70	2.85	.53	3.06	.80

Staff and parents tend to feel that there is an equal emphasis on parenting and homemaking skills. Among the parents, there is a tendency toward wanting a greater emphasis on parenting. This tendency is significant only in one instance. In general, there is high agreement between parents and staff as to what should be done and what is being done.

Table 37. Key program decisions made by parents (1) or staff (5).

SITE	STAFF ACTUAL		STAFF IDEAL		PARENT ACTUAL		PARENT IDEAL	
	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.
Dallas	3.87	1.46	2.87	.64	3.61	1.26	2.78	.89
Pasco	3.00	1.15	2.53	.78	2.55	.88	2.62	.52
Philadelphia	2.55	.88	2.22	.97	3.00	1.30	2.60	1.12

In two cases the feeling seems to be that decision-making is heavily weighted in favor of the staff. This feeling is shared by both staff and parents. There is a tendency for both groups to want to move in the direction of greater parent participation. This tendency toward parent decision-making is evident in all of the Centers among parents and staff.

Table 38. Center run more like a family (1) or like a business (5) overall.

SITE	STAFF ACTUAL		STAFF IDEAL		PARENT ACTUAL		PARENT IDEAL	
	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.
Dallas	2.25	1.04	2.62	.74	2.57	1.45	2.00	.96
Pasco	1.61	.65	1.76	.73	1.88	.33	1.88	.33
Philadelphia	1.77	.83	2.00	.87	2.14	.95	2.20	1.08

Staff and parents seem to feel that the Centers are very much like a family. This cluster was second only to the one discussed just previously (with the exception of one Cluster 2 Center) in degree of perception along this line.

Table 39. Focus of families served is on "down-and-out" (1) or on "just need a break" (5).

SITE	STAFF ACTUAL		STAFF IDEAL		PARENT ACTUAL		PARENT IDEAL	
	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.
Dallas ⁴	2.62	1.30	3.12	.64	2.42	1.16	2.00	1.04
Pasco ^{1,4}	3.50	.67	2.41	.79	3.14	.38	3.00	.00
Philadelphia	2.33	1.00	2.66	1.12	3.00	.87	2.73	.80

Staffs in these Centers tend to feel that it is the poorest families which are being served. In one, there is some staff desire to move in the direction of service to families with more resources. This is in marked opposition to the desire of the parents which is to serve more needy families. In another PCC, the staff wishes to move in the direction of service to more needy families but the parents do not want that.

Leadership:

Table 40. Director's working style more affiliative (1) or businesslike (5).

CENTER	STAFF ACTUAL		STAFF IDEAL	
	Mean	S.D.	Mean	S.D.
Dallas	2.37	.91	2.62	1.06
Pasco	2.38	.76	2.53	.52
Philadelphia	2.22	.92	2.00	.94

Staff at these Centers tend to see their Directors as affiliative rather than businesslike, and that is their preference.

Table 41. Director's style of structuring instructions (1) or leaving them loose (5).

CENTER	STAFF ACTUAL		STAFF IDEAL	
	Mean	S.D.	Mean	S.D.
Dallas	3.62	1.19	2.75	.71
Pasco	3.84	.80	3.46	.52
Philadelphia	3.44	1.34	2.55	1.50

All of the staffs feel that their Directors seem to leave things loose. There is a moderate desire by two of them, though, to have instructions spelled out a bit more exactly.

Table 42. Directors working role as Administrator (1) or teacher (5).

CENTER	STAFF ACTUAL		STAFF IDEAL	
	Mean	S.D.	Mean	S.D.
Dallas	2.50	1.41	3.12	.99
Pasco	2.76	.43	3.30	.95
Philadelphia	2.11	.99	2.66	.82

All three Directors are taken to be administratively oriented to an extent. Although none of the differences between actual and ideal is statistically significant, in all of these Centers there is some desire for the Director to serve more as a teacher than is currently the case. A similar desire has been noted in the previous clusters.

Table 43. Director's innovativeness (1) or conservatism (5) in instituting programs.

CENTER	STAFF ACTUAL		STAFF IDEAL	
	Mean	S.D.	Mean	S.D.
Dallas	2.50	.93	2.00	.76
Pasco	3.00	1.00	2.46	.78
Philadelphia	1.88	.74	2.11	.87

Staff at one Center seem to see their Director as highly innovative. At the other Centers staff see Directors as maintaining a balance between innovation and caution.

Table 44. Degree to which staffs feel they work "with" (1) or "for" (5) the Director.

CENTER	STAFF ACTUAL		STAFF IDEAL	
	Mean	S.D.	Mean	S.D.
Dallas	2.37	1.41	2.12	.83
Pasco	2.46	.88	2.00	.71
Philadelphia	1.55	.68	1.66	.81

In all Centers staff seem to feel that they have a collaborative relationship with the Director and there is no desire for change.

Table 45. Frequency (1) or infrequency (5) of center meetings.

CENTER	STAFF ACTUAL		STAFF IDEAL	
	Mean	S.D.	Mean	S.D.
Dallas ¹	3.37	1.51	1.62	.74
Pasco	2.92	.75	2.76	.73
Philadelphia	1.44	.68	1.88	.73

In one Center, meetings are seen as somewhat infrequent. This is a source of staff dissatisfaction. In another, staff seem to feel that staff meetings are neither frequent nor infrequent but they are quite satisfied with the way things are. The third holds many meetings, and that is considered good.

CLUSTER 4 CENTERS

SOCIAL SERVICE COMPONENT

Provision or referral of material or social services seem to be variables largely unrelated to the basic nature of this model. All four Centers presumably have a wide range of community resources available for their enrollments, yet two of the Centers are in the lowest third nationally for level of referral. The other two are in the highest third.

All make referrals to social service agencies, and three of the four have received referrals from same. Three of them have referred members to health agencies. However, only one Center reported referrals to an educational organization, and one to public agencies (the Welfare Department).

Nor does a clear pattern emerge with respect to the referral or direct provision of what can be termed more material services -- transportation, an emergency fund, homemaker services, etc. The only ones provided directly by all four were day care service and personal counseling.

STAFF PATTERNS:

Each of these Centers has on staff a full-time professional with social work duties.

However, only one of the Centers directly provides job counseling. The other three refer this service. That is consistent with previous findings noted for the cluster. The model seems to be one of fostering careers rather than preparing parents for them directly. Thus, day care is offered to make

it possible for more mothers to keep jobs, but direct career training or help in obtaining basic educational credentials occur at lower levels than might be expected if the Centers had set up the major objective of actually getting members employed.

Other services provided by two or more of the Cluster 4 PCC's are transportation, emergency aid, and homemaker services.

In general, then, there is no coherent pattern of social services within this group. Overall, the model seems associated with a medium level of activity in this area, but a medium level that is an average of highs and lows, of provisions and referrals that occur in no fixed or correlated manner.

Stability of leadership:

The range of Director tenure in this cluster is from two weeks at a Center with one previous Director to three years at another Center with one previous Director. In the other two Centers the Director has been in that position for approximately nine months, with one previous Director at one Center and two at the other.

Education of the Director:

Two of the Directors are social workers, and the other two do not have advanced degrees.

Number of professional staff:

The number of professional staff ranges from four to six. A Nurse is employed at two of the Centers. A total of seven professionals in the child development area are employed at the

four Centers. The Centers in this cluster have a relatively low number of professionals working in children's program. For the four Centers there are a total of two staff members, one professional and one non-professional, assigned to adult education. Thus, two of the Centers have no one in this function.

Parent employment:

Three of the Centers hire a total of 17 parents, nine of those employed parents being at one PCC alone.

Level of PAC activity:

Another "average" picture emerges with respect to PAC membership of parents and the decision-making role for the PAC. The point of departure here is one PCC whose PAC is entirely made up of parents, but whose decision-role is minor compared with that of the Director or CAP. The other three Centers in the group report a parent membership on the PAC of slightly more than 50%, with the PAC making big decisions in at least two key areas -- hiring and financial considerations.

Goals:

The objectives and goal-histories stated by Directors in this cluster provide a notable point of departure from those of other clusters. All Centers were asked to give their own priority rankings of the six national PCC objectives. The results, averaged over all 33 PCC's, showed a profile quite similar to the order in which they were listed by OCD:

<u>Average Rank from 33 PCC's</u>	<u>OCD Listing</u>	<u>Objective</u>
1	1	Overcoming deficits in children
2	2	Improving skills, attitudes of parents
3	3	Strengthening family organization
4	5	Career opportunities
5	4	Encouraging a sense of community
6	6	Serving as a locus for research

The only departure from the national list is a reversal of the fourth and fifth objectives in order of priority -- fostering career opportunities was moved up a notch.

Cluster 4 PCC's saw things somewhat differently. The bottom two objectives were placed in the same order as these occurred for all 33 PCC's together, but the other four were re-arranged as follows:

<u>Average Rank¹</u>	<u>Objective</u>
1.8	Improving skills, attitudes of parents
2.2	Strengthening family organization
2.8	Overcoming deficits in children
3.2	Career opportunities

Stress on parents and whole-family organization are moved up to be the top two objectives. Careers, although ranked

1. Figures in this column were derived by adding the ranks assigned to an objective and dividing by 4. Note that the sum of these averages is 10, the same as the sum of ranks 1, 2, 3, and 4.

fourth in line overall, are rated on full rank point higher than they usually are. Children's services are third, more than a rank point lower than usual.

These findings connote quite a bit of the emphasis observed by CCR interviewers at these Centers and reported by staff members as well. Parents come first, and careers are indeed important. Taken together, these contribute to a strengthening of family integrity and ability to function in the world. Childhood aspects are not overlooked, but they are not the major focus for the Centers.

Types of families served:

Three of these urban Centers have a population which is 85-99% Black. At the fourth Center 20% of the population is Black and 75% is Puerto Rican.

One of the Centers mostly serves families which are unstable both emotionally and economically. Two Centers serve families which are stable emotionally, but unstable economically. Day care which allows mothers to work and obtain income seems especially suitable to this economic need. The fourth Center which has a large college program for mothers reports that its members are essentially stable both economically and emotionally.

FOCUS ITEMS:

Program focus:

Table 46. Overall program focus on children (mean rating nearer 1) or on parents (mean rating nearer 5)

SITE	STAFF ACTUAL		STAFF IDEAL		PARENT ACTUAL		PARENT IDEAL	
	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.
New York	3.00	.87	2.88	.33	2.62	1.06	3.25	.71
Oakland	2.85	.38	3.00	.00	2.44	1.13	2.77	.44
St. Louis ¹	2.27	.79	2.90	.30	2.58	.51	2.76	.44
Washington	2.77	.67	3.22	.67	2.76	.43	2.53	.88

Both parents and staff at these four Centers see their program as about equally divided in emphasis between children and parents, although leaning slightly toward the children's side. The actual ratings of both groups average slightly less than the scale's midpoint. Parents and staff did not differ significantly in their opinions.

Ratings of what respondents would like to see generally favor slightly greater parent emphasis. However, in only one instance does the separation between actual and ideal reach statistical significance.

Table 47. Focus on cognitive programs (1) or emotional service (5) for children.

SITE	STAFF ACTUAL		STAFF IDEAL		PARENT ACTUAL		PARENT IDEAL	
	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.
New York	3.66	1.00	3.00	1.00	2.37	1.19	2.87	.83
Oakland	3.00	.00	3.00	.00	2.77	1.20	3.00	.53
St. Louis	2.18	.87	3.27	.65	2.52	.80	2.88	.33
Washington	3.00	1.00	3.11	1.05	2.15	.90	2.84	1.21

Within the children's component, staffs at these Centers see more of an approach of general warmth and affection (as against cognitive training) than parents do. In one PCC this difference is significant. Overall, these PCC's are judged by participants to lean very narrowly toward the cognitive side of the midpoint. Also, it is of note that participants feel the emphasis should move a bit away from cognitive training -- the difference between actual and ideal becoming significant among one staff. Apparently there is some feeling that, given the goals of these Centers, general support and succorance for children should tend to be the rule.

Table 48. Provision of services directly (1) or indirectly (5) through parents to children.

SITE	STAFF ACTUAL		STAFF IDEAL		PARENT ACTUAL		PARENT IDEAL	
	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.
New York ⁴	2.66	1.58	3.77	.97	1.87	.99	2.75	.71
Oakland	3.16	.98	3.57	.98	2.00	1.41	3.00	1.51
St. Louis	3.00	1.10	3.36	1.21	3.41	1.18	3.41	.94
Washington	4.33	1.00	4.11	1.05	3.46	1.33	3.61	1.39

Opinion was scattered within the cluster as to whether children were being served directly by the Center or indirectly through service to mothers. In one case, direct service was seen. In another it was indirect service that was perceived, while the others gave balanced ratings.

In general, staffs thought more so than parents that the indirect approach applied, and both groups tended to feel that the right way was to provide services even more indirectly. One Center yielded a significant difference between parents and staff on this point, with staff ratings being on the average more strongly in favor of the indirect way.

Table 49. Emphasis on training (1) or providing of services (5) to parents

SITE	STAFF ACTUAL		STAFF IDEAL		PARENT ACTUAL		PARENT IDEAL	
	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.
New York	1.77	1.20	1.88	1.05	1.12	.35	1.75	1.04
Oakland	1.71	.76	2.33	1.03	2.66	1.50	2.66	1.58
St. Louis	2.36	.81	1.81	.98	2.64	1.00	2.29	.92
Washington	1.77	.97	1.50	.93	2.07	1.04	2.15	1.14

Respondents were rather well agreed that their Centers were providing more training than outright material assistance to parents.

Table 50. Emphasis on emotional support (1) or material assistance (5) for parents

SITE	STAFF ACTUAL		STAFF IDEAL		PARENT ACTUAL		PARENT IDEAL	
	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.
New York	2.11	1.36	2.44	1.13	1.25	.71	2.00	1.51
Oakland	3.00	1.15	2.71	1.38	3.75	1.89	3.25	1.28
St. Louis	2.72	1.49	2.90	1.30	2.70	.77	2.82	.88
Washington	2.33	1.32	2.22	1.20	2.92	1.19	3.23	1.01

There was some disagreement among Centers as to whether parent service was more oriented toward personal help and counseling or material aid. The perception was clearly one of more personal problem discussion in two Centers. The parents at a third saw things the other way around.

Table 51. Focus on homemaking (1) or parenting (5) instruction for parents

SITE	STAFF ACTUAL		STAFF IDEAL		PARENT ACTUAL		PARENT IDEAL	
	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.
New York	3.33	1.41	3.44	.88	4.25	1.04	3.50	1.41
Oakland	4.33	.82	3.33	1.57	4.33	1.41	4.22	.97
St. Louis	3.18	1.08	2.72	1.10	3.68	1.08	3.31	1.01
Washington	3.11	1.45	3.44	1.33	2.84	1.07	3.15	.90

No wide differences of opinion occur with respect to perceptions of whether Centers are affording more instruction in parenting or homemaking -- the latter was seen to predominate at all Centers but one. This finding is consistent with CCR's segmentation of these PCC's into a group that is presumably not giving intensive training in child rearing as such.

Table 52. Key program decisions made by parents (1) or staff (5)

SITE	STAFF ACTUAL		STAFF IDEAL		PARENT ACTUAL		PARENT IDEAL	
	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.
New York ^{3.4}	2.33	1.41	2.77	1.09	4.87	.35	3.75	1.49
Oakland ^{2.4}	4.14	.90	4.00	1.10	4.42	.98	2.55	1.24
St. Louis ¹	2.09	.83	3.09	.94	2.41	1.00	2.47	.94
Washington ³	1.22	.67	2.00	1.41	2.92	1.44	2.15	.99

The item geared at finding who makes most of the key decisions around the Center produced the widest variation of response within this cluster. At one PCC it was agreed that the staff really

decides, but the parents thought that they (the parents) should have a greater voice -- and the staff did not share that view.

In general, parents thought that they should have a bigger voice, and staff members felt that they should make more final decisions. One staff felt rather strongly so. In two Centers, parents felt that staff were deciding much more than the staff themselves did.

Table 53. Center run more like a family (1) or like a business (5) overall

SITE	STAFF ACTUAL		STAFF IDEAL		PARENT ACTUAL		PARENT IDEAL	
	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.
New York ³	3.11	2.03	2.22	1.72	4.87	.35	3.25	1.67
Oakland	2.28	.95	3.14	.90	3.12	1.64	3.00	1.41
St. Louis	2.54	1.21	2.36	1.29	2.47	1.00	2.11	.99
Washington ³	1.33	.71	1.88	1.45	2.15	1.07	2.30	1.11

Most participants feel that their Centers are run more like a family than like a business. However, participants at two of these PCC's do not favor the family aspect as much as they do at many other PCC's.

At two of the Cluster 4 Centers, parents saw their program as being significantly more businesslike than the staff did. Only minor variations between actual and ideal ratings were observed.

Table 54. Focus of families served is on "down-and-out" (1)
or on "just need a break" (5)

SITE	STAFF ACTUAL		STAFF IDEAL		PARENT ACTUAL		PARENT IDEAL	
	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.
New York	2.22	.97	2.55	1.33	3.00	1.85	3.00	1.07
Oakland	2.42	1.40	2.71	1.38	1.66	1.41	1.87	1.46
St. Louis ³	2.72	.65	2.27	.90	1.76	.97	2.35	.79
Washington	2.66	.71	3.00	.00	2.69	.95	2.84	.55

Finally, staff members at all four Centers believed they were serving a mixture of family types, only slightly leaning toward the most disadvantaged ones.

Two parent groups felt strongly that the neediest families were being served by their Centers, and in one of those cases that opinion differed significantly from staff members!

In every subgroup except one staff, the feeling was that ideally the Center should serve more of the stabler families, but these differences between ratings of actual and ideal were not significant in any case.

Leadership items:

Table 55. Directors' working style more affiliative (1) or businesslike (5)

SITE	STAFF ACTUAL		STAFF IDEAL	
	Mean	S.D.	Mean	S.D.
New York ¹	3.88	1.36	2.55	1.24
Oakland	4.28	1.25	3.42	1.13
St. Louis	2.63	1.12	2.81	.98
Washington	2.11	.78	2.11	.78

Little cluster-wide consistency is apparent. Staff members interviewed at two sites felt that their Directors fairly frequently made decisions without apparent concern for the feelings of those who would have to carry the decisions out. At one of these, the ideal was felt to be significantly more concern for feelings. Staffs at the other two Centers, though, felt that their feelings were being taken into account and saw no need for change.

Table 56. Director's style of structuring instructions (1) or leaving them loose (5)

SITE	STAFF ACTUAL		STAFF IDEAL	
	Mean	S.D.	Mean	S.D.
New York	1.88	1.54	2.88	.93
Oakland ¹	3.42	1.40	2.14	1.07
St. Louis	2.45	.82	2.54	.93
Washington	3.22	1.56	3.11	1.45

Opinions as to whether Directors spelled out their working instructions very precisely or left them more or less unstructured vary. In two Centers a balance between the two extremes was perceived and ideal ratings reflected that that was preferable to the respondents. In a third PCC instructions were reported to be too loose (significantly so) and in the fourth they were found too structured.

Table 57. Director's working role as administrator (1) or teacher (5).

SITE	STAFF ACTUAL		STAFF IDEAL	
	Mean	S.D.	Mean	S.D.
New York ¹	2.11	1.76	3.50	1.31
Oakland	3.14	.38	3.14	.90
St. Louis	3.09	.94	3.27	1.27
Washington	2.22	1.72	2.00	1.41

In two Centers the Director was felt to adopt a role about midway between being completely an administrator and completely a teacher. In the other two, the Director was taken to be more of an administrator and, in one case, a bit too much so in the eyes of the staff.

Table 58. Director's innovativeness (1) or conservatism (5) in instituting programs

SITE	STAFF ACTUAL		STAFF IDEAL	
	Mean	S.D.	Mean	S.D.
New York ¹	3.44	1.59	1.88	.93
Oakland	2.71	.49	2.28	1.25
St. Louis	2.00	.89	1.72	.79
Washington	1.88	1.36	2.11	1.45

Opinions on the innovativeness of leadership ranged from a perception of moderate cautiousness at one Center, to strong initiation of new plans or programs. In general, a stance of innovation was deemed desirable.

Table 59. Degree to which staffs feel they work "with" (1) or "for" (5) the Director.

SITE	STAFF ACTUAL		STAFF IDEAL	
	Mean	S.D.	Mean	S.D.
New York ¹	3.33	1.87	1.55	.73
Oakland	3.14	1.46	2.42	.98
St. Louis	1.81	.87	1.54	.82
Washington	1.44	.88	1.44	.88

Staff members in two PCC's felt more like they were working for the Director than working with that person, and in one location the ideal was taken to be significantly more like working with.

Table 60. Frequency (1) or infrequency (5) of center meetings.

SITE	STAFF ACTUAL		STAFF IDEAL	
	Mean	S.D.	Mean	S.D.
New York	1.44	1.33	2.11	1.36
Oakland	3.28	1.38	3.85	1.07
St. Louis	2.27	1.19	2.72	1.10
Washington	1.22	.67	1.33	.71

Finally, staffs agreed that there were just about the right number of meetings at their Centers, although the frequencies reported ranged from the infrequent side of the scales' midpoint to very frequently.

CLUSTER 5 CENTERS

SOCIAL SERVICE COMPONENT:

Direct Services:

All of these Centers provide direct services in some areas. The range is from three to five.

All eleven Centers provide transportation, six Centers have an emergency fund, nine Centers give some help with housing problems, two offer job counseling, and seven offer some form of counseling.

Referrals to and from other agencies:

Referrals are most commonly made to social service, health and public institutions. Thus, a great number of referrals are made to the Department of Welfare and the Department of Health. In addition, these Centers do relate to educational institutions, religious and philanthropic organizations and civic/business/legal agencies.

All of the Centers rely on agencies for material help. Nine of the Centers mention material help from civic/business/legal agencies. Six get help from health agencies, five from social agencies, two from educational institutions, two from religious and philanthropic organizations and two from public institutions.

STAFF PATTERNS:

Stability of leadership:

Six of the Centers in this cluster have had only one Director since the beginning of the program. These Directors range from 19 to 50 months on the job. Four of the Centers have

had two previous Directors with the present Director in the position from one month to ten months. One Center in the cluster has had four previous Directors, the present one for two months.

Education of the Director:

The majority of Directors in this cluster have an educational background in areas other than social work or education. One Director has an MSW. Five Directors have college degrees, one has a Masters and one has a Ph.D.

Number of professional staff:

Nine of the eleven Centers in this cluster report at least one professional in each of two components. The Centers range from one Center with no professional staff to one Center reporting seven professionals. In this cluster there is a total of 13 professionals working in the children's program, five in the parent program and 11 in the social service component. Nurses are represented at six of the Centers in this cluster.

Parent employment:

Five of the Centers employ no parents. One Center employs only parents as non-professionals. The other Centers have a range of one to six mothers working there. These 11 Centers employ a total of 26 mothers. The mothers are primarily working in the children's education program.

Level of PAC activity:

The percentage of parents on the PAC at each Center ranges from 50 at four Centers to 80-100 at four Centers.

The PAC's vary to the extent that they make or share in important policy decisions.

At six of the Centers the PAC hires and fires staff in concert with the Director. In two Centers the PAC does it on its own and in three Centers the Director is the one who hires staff.

The Director and the PAC share responsibility for preparation and approval of budgets and fund raising at nine Centers, while the PAC has major responsibility for fiscal matters in the remaining two Centers.

Responsibility for shaping the content and direction of the program is shared by the Director and PAC in nine of the Centers and in the two other Centers the PAC makes decisions regarding program direction.

Recruitment of new members is the responsibility of the Director in four instances and of the PAC in two others. In five of the Centers the PAC and the Director share the responsibility.

In all of the Centers the PAC either decides or shares in the decision-making process in at least three of the four areas described. In five of the Centers there is at least one area in which the PAC decides on its own.

Goals:

Seven Centers in this cluster rank education of children as their first goal. Of these, five rank improving the skills and attitudes of parents as their second goal.

TYPES OF FAMILIES SERVED:

Four of the urban Centers in this cluster serve a Black population which ranges from 32% at one Center to the total PCC population at another. One urban Center serves only Mexican-Americans and Puerto Ricans. Four rural Centers serve a Caucasian population which ranges in membership from 50-99%. One rural Center predominantly serves Mexican-Americans and another has 100% American Indian enrollment.

Seven of the Centers, according to their Directors serve families which are unstable emotionally and economically. Three other Centers serve a population which is stable emotionally but unstable economically. One Center serves families which are unstable emotionally but stable economically.

In this cluster there seems to be a relationship between the kinds of families served and the model of service developed. The majority of Centers are serving unstable families who would need a high degree of social services and strong emotional support.

PROGRAM FOCUS

This last cluster, being so large, presents real difficulties when one tries to find consistent response patterns for the focus and leadership items. Rather than pointing out seemingly endless variations in these data, we shall limit the discussion of tables to those instances of common trend and let the data speak for themselves otherwise.

Table 61. Overall program focus on children (mean rating nearer 1) or on parents (mean rating nearer 5).

SITE	STAFF ACTUAL		STAFF IDEAL		PARENT ACTUAL		PARENT IDEAL	
	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.
Chicago	3.55	1.24	2.88	.78	2.60	.89	2.66	.82
Dalton	2.80	.45	2.80	.45	2.50	.84	2.83	.40
Fayetteville	3.06	.59	2.85	.36	2.50	1.02	2.60	.84
Huntington	2.00	.43	2.50	.67	2.00	1.00	2.22	.97
LaJunta	2.35	1.08	1.78	.89	2.29	.85	2.41	1.06
Los Angeles	2.88	.93	2.88	1.45	2.66	1.00	2.75	1.16
Newark	2.40	.69	2.80	.63	2.53	.66	2.92	.76
Newport	2.60	.84	2.90	.32	2.37	.89	2.53	.83
Omaha	2.75	.89	2.87	.35	2.63	.67	2.81	.75
Pine Ridge ¹	2.16	.83	2.91	.29	2.42	1.33	2.73	.78
Portland	3.20	.63	2.70	.67	2.83	.58	2.75	.45

Parents tend to see a slightly greater focus on children's activities than staff do, but both groups seem satisfied with the relative emphasis perceived in this respect.

Table 62. Focus on cognitive programs (1) or emotional service (5) for children.

SITE	STAFF ACTUAL		STAFF IDEAL		PARENT ACTUAL		PARENT IDEAL	
	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.
Chicago	3.33	1.22	2.55	.88	3.00	.00	3.00	.00
Dalton	2.80	.45	2.80	.45	3.00	.63	3.16	.98
Fayetteville ³	3.26	.70	3.14	.53	2.40	.97	2.60	.84
Huntington	3.16	.72	3.08	.29	2.44	.88	2.11	1.05
LaJunta	2.85	.66	2.85	1.10	2.58	.71	2.35	1.00
Los Angeles	2.62	.74	2.33	1.00	2.88	1.26	2.25	1.04
Newark ³	3.10	.74	2.80	.63	2.30	.94	2.76	.83
Newport ³	2.50	.85	3.00	1.05	3.31	.87	2.80	1.08
Omaha ⁴	3.12	.35	3.33	.71	2.45	.93	2.18	.98
Pine Ridge	2.58	1.00	2.66	1.07	3.34	1.20	2.92	1.20
Portland	3.50	.53	3.10	.88	3.08	.67	2.66	.65

Stress on cognitive and emotional elements for children seem balanced in actuality. Three staffs see significantly less cognitive aspects than their parents do. Most parents and staff members favor a bit more cognitive emphasis ideally.

Table 63. Provision of services directly (1) or through Parents indirectly (5) to children.

SITE	STAFF ACTUAL		STAFF IDEAL		PARENT ACTUAL		PARENT IDEAL	
	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.
Chicago	2.77	1.20	3.44	1.42	3.50	1.00	3.66	1.63
Dalton	3.00	.71	3.60	.55	2.50	1.05	3.33	1.03
Fayetteville	3.20	.94	3.23	.83	3.30	1.25	2.70	.67
Huntington	2.75	1.14	3.16	.83	2.33	1.41	2.33	1.12
LaJunta	3.78	.98	3.42	1.28	3.00	1.17	3.05	1.14
Los Angeles ²	3.14	1.21	3.33	1.22	3.87	.99	2.50	.93
Newark	2.20	1.31	2.90	.99	2.69	1.18	3.23	1.01
Newport ³	3.70	1.06	3.30	1.06	2.12	1.45	2.93	1.44
Omaha	3.37	.88	3.44	.10	2.81	1.08	2.81	.60
Pine Ridge ¹	2.00	1.13	3.16	1.03	1.73	.83	2.50	1.21
Portland ¹	2.40	.52	3.50	.85	2.75	.75	2.75	.75

Parents view their children as being served directly more than staffs do, but in only one case is there a significant difference. Both groups favor the indirect approach overall, but among the parents at one Center there is a significant reversal of that sentiment.

Table 64. Emphasis on training (1) or providing of services (5) to parents.

SITE	STAFF ACTUAL		STAFF IDEAL		PARENT ACTUAL		PARENT IDEAL	
	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.
Chicago	2.77	1.64	1.77	.97	2.60	1.67	3.00	1.79
Dalton	2.20	1.30	1.80	.84	2.83	.41	2.83	1.33
Fayetteville	1.20	.77	1.21	.58	1.40	.70	1.60	.84
Huntington	2.66	1.37	2.00	.74	1.88	1.05	1.88	1.05
LaJunta	2.57	1.22	1.85	.86	2.35	1.32	2.23	1.35
Los Angeles	3.00	1.73	2.00	1.07	3.00	1.50	2.75	1.67
Newark	1.90	1.52	2.60	1.58	2.30	.85	2.38	.87
Newport ^{3,4}	2.40	1.08	1.50	.85	3.75	1.44	3.13	1.60
Omaha ^{1,3}	4.50	.76	2.77	1.20	2.50	1.31	3.00	.00
Pine Ridge ^{1,2}	3.41	1.08	2.33	.98	3.34	1.41	2.15	.88
Portland ¹	3.70	.95	2.30	.82	3.16	.58	2.83	.39

With three staffs and four parent groups running rather strongly counter-trend, respondents felt their Centers were training parents more than providing services for them. . . Almost without exception, a stronger training orientation was considered ideal.

Table 65. Emphasis on emotional support (1) or material assistance (5) for parents.

SITE	STAFF ACTUAL		STAFF IDEAL		PARENT ACTUAL		PARENT IDEAL	
	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.
Chicago	3.77	1.39	2.77	1.20	3.00	1.41	2.33	1.03
Dalton ³	2.40	.55	3.40	1.14	4.00	.89	4.00	.89
Fayetteville	2.26	1.22	2.07	1.00	2.20	1.48	2.20	1.40
Huntington	3.75	1.22	3.25	.75	3.22	.67	2.77	1.20
LaJunta	2.28	1.20	2.57	1.22	2.00	1.06	2.35	1.32
Los Angeles	2.75	1.17	2.55	.88	2.75	.89	2.87	1.13
Newark	2.60	1.17	2.50	1.27	2.69	1.11	3.00	.82
Newport	3.33	.87	2.77	1.09	3.42	1.16	3.28	1.07
Omaha	3.25	.89	2.77	.83	2.33	1.07	2.90	.31
Pine Ridge ⁴	3.66	1.23	3.50	.80	3.33	1.55	2.84	.83
Portland	3.00	.95	2.60	.70	2.66	.49	2.66	.49

Perceptions of whether more emotional support or material assistance was being provided for parents varied rather widely. Staffs tended to feel that more emotional support was called for than was being given, but parents tended to be more satisfied with whatever way things were at their Centers.

Table 66. Focus on homemaking (1) or parenting (5) instruction for parents.

SITE	STAFF ACTUAL		STAFF IDEAL		PARENT ACTUAL		PARENT IDEAL	
	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.
Chicago ¹	1.55	.88	3.37	1.06	3.80	1.79	3.33	.82
Dalton	3.20	.84	3.20	.84	3.16	.98	3.83	.98
Fayetteville	3.13	.99	3.28	.73	3.30	.95	3.30	.67
Huntington ³	2.33	1.37	3.00	1.00	4.00	1.00	3.66	1.00
LaJunta	3.92	1.27	3.50	1.22	4.00	.94	4.05	.90
Los Angeles	2.50	1.41	2.88	.78	3.42	1.13	3.37	1.30
Newark	2.90	1.37	3.00	.81	2.46	.97	3.07	.76
Newport ³	3.10	.32	3.20	1.14	1.86	1.25	2.46	1.41
Omaha ^{1,2}	4.50	.53	3.33	.71	4.66	.82	3.40	.84
Pine Ridge	2.91	1.44	3.00	.00	2.63	1.53	2.88	1.24
Portland	3.60	1.08	3.40	.52	3.16	.83	3.66	.65

On the whole, both groups saw the parent program as offering more instruction in parenting than homemaking. The parents were a bit stronger in that belief than were staffs. Ideal ratings in general evidence a desire to have things more balanced, regardless of which direction the parent program was seen to be leaning in actuality.

Table 67. Key program decisions made by parents (1) or staff (5).

SITE	STAFF ACTUAL		STAFF IDEAL		PARENT ACTUAL		PARENT IDEAL	
	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.
Chicago	5.00	.00	2.87	1.55	1.00	.00	1.80	1.10
Dalton	1.60	.55	2.40	.89	1.50	.55	1.83	.75
Fayetteville	2.60	1.45	2.21	.98	2.00	1.41	2.22	1.39
Huntington	2.41	1.83	1.90	1.30	1.77	.97	1.55	.88
LaJunta	1.85	1.23	2.71	1.44	2.11	1.41	2.17	1.07
Los Angeles	2.16	1.33	3.00	.00	2.75	1.67	2.16	1.33
Newark	2.33	1.73	2.40	1.35	3.53	1.05	2.84	.90
Newport ^{2,3,4}	2.37	1.51	3.00	1.33	3.85	1.70	1.78	1.25
Omaha ²	2.75	1.48	2.62	.74	3.90	1.13	2.45	.93
Pine Ridge ²	3.08	1.83	2.50	.90	4.03	1.00	3.03	.96
Portland ¹	3.70	1.16	2.70	.95	3.00	.74	3.00	.00

Perceptions and desires with respect to decision-making around the PCC tended to follow patterns observable to some extent in other clusters. Parents as a whole felt they should be doing a little more deciding than they now are and about half of the staffs felt that staff members should do more. Overall, both groups felt that parents should have the balance of the voice on key Center issues.

Table 68. Center run more like a family (1) or like a business (5) overall.

SITE	STAFF ACTUAL		STAFF IDEAL		PARENT ACTUAL		PARENT IDEAL	
	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.
Chicago	1.22	.67	1.22	.67	1.00	.00	1.16	.41
Dalton	1.40	.89	1.40	.89	1.83	.98	1.50	.55
Fayetteville ³	2.33	1.50	1.64	.93	1.00	.00	1.33	.71
Huntington	2.00	1.53	2.08	1.44	1.77	.97	1.77	.97
LaJunta	1.85	1.51	2.28	.91	1.58	.94	1.64	.86
Los Angeles	1.66	1.00	2.11	1.17	1.50	.76	2.00	1.51
Newark	1.50	1.08	1.40	.84	1.92	.86	2.15	.90
Newport	1.50	.85	1.70	.95	1.60	1.18	1.25	.59
Omaha	3.00	1.73	2.66	1.41	4.00	1.41	3.27	1.10
Pine Ridge	1.91	.90	2.33	.89	1.92	1.26	1.80	1.10
Portland	1.70	.48	1.90	.88	1.83	.71	1.91	.67

All the Cluster 5 Centers but one were perceived to be run more like a family than like a business, and it was strongly agreed that that was the right way to have it.

Table 69. Focus of families served is on "down-and-out" (1) or on "just need a break" (5).

SITE	STAFF ACTUAL		STAFF IDEAL		PARENT ACTUAL		PARENT IDEAL	
	Mean	S.D.	Mean	S.D.	Mean	S.D.	Mean	S.D.
Chicago	2.77	1.20	2.77	.67	3.80	1.10	3.00	1.26
Dalton	1.20	.45	1.80	.84	2.16	.98	1.83	.98
Fayetteville	2.93	1.22	2.71	1.14	2.00	1.00	2.50	.84
Huntington	2.75	1.05	2.90	.94	3.11	1.27	3.00	1.41
LaJunta	3.00	1.11	2.78	1.19	2.64	1.50	2.70	1.21
Los Angeles	2.12	.99	2.00	1.00	2.37	1.44	2.25	1.33
Newark	2.70	1.16	2.50	.85	2.84	.99	3.00	.82
Newport	2.10	.99	2.50	1.08	2.73	1.03	2.21	.98
Omaha	2.37	1.50	2.37	.92	1.90	.94	1.82	.98
Pine Ridge	2.63	1.03	2.81	.75	2.42	1.03	2.65	.94
Portland	2.44	.88	2.77	.67	2.25	.75	2.75	.45

These PCC's are viewed as leaning slightly or moderately toward the less stable types of family as a target of service activities. Parents and staff members generally agree that their Centers are doing the right thing in this respect.

LEADERSHIP

Table 70. Director's working style more affiliative (1)
or businesslike (5)

SITE	STAFF ACTUAL		STAFF IDEAL	
	Mean	S. D.	Mean	S.D.
Chicago	2.33	2.07	1.50	.93
Dalton	2.00	1.00	1.60	.89
Fayetteville	3.06	1.28	2.50	.85
Huntington	2.91	1.68	3.00	1.48
La Junta	2.35	1.60	2.57	1.02
Los Angeles	2.66	.71	2.33	1.41
Newark	3.30	1.42	2.30	1.25
Newport	2.50	1.18	2.00	.94
Omaha	4.00	1.20	2.50	.93
Pine Ridge	3.75	.87	2.58	1.16
Portland	1.70	.82	2.60	.70

The majority of Directors in this cluster are rated as being sensitive to staff feelings. Staffs agree that their leaders might be even more affiliative, but in no case is that wish significantly strong.

Table 71. Director's style of structuring instructions (1) or leaving them loose (5).

SITE	STAFF ACTUAL		STAFF IDEAL	
	Mean	S. D.	Mean	S. D.
Chicago	3.12	1.73	2.75	1.28
Dalton	2.40	1.34	3.00	.58
Fayetteville	2.46	1.30	2.28	1.07
Huntington	3.25	1.66	3.33	1.50
La Junta	2.78	1.25	2.50	1.51
Los Angeles	2.55	1.94	2.11	1.45
Newark	1.70	.95	2.90	1.10
Newport	2.70	1.49	3.00	1.05
Omaha	2.44	1.81	2.77	1.48
Pine Ridge	2.50	1.17	2.75	1.06
Portland	4.20	.79	3.50	.71

Directors' instructions are usually structured in this group and that is most often the way staffs would prefer to have it. Again, no significant dissatisfaction is noted on this dimension.

Table 72. Director's working role as Administrator (1) or Teacher (5).

SITE	STAFF ACTUAL		STAFF IDEAL	
	Mean	S. D.	Mean	S. D.
Chicago	3.00	2.14	3.75	1.49
Dalton	3.40	.89	3.20	1.10
Fayetteville	2.86	1.55	3.07	1.38
Huntington	3.00	1.28	3.00	1.41
La Junta	2.14	.86	2.92	.62
Los Angeles	3.00	1.15	3.25	1.28
Newark	1.80	1.14	2.60	1.26
Newport	2.40	.84	3.11	.93
Omaha	2.37	1.69	3.33	1.22
Pine Ridge	3.33	1.37	3.25	1.06
Portland	2.80	.92	2.70	.83

Opinions vary as to the working role of the Director. A small majority of staffs see their leaders more as administrators, and another small majority would prefer them to adopt more of a teaching function. However, the difference between actual and ideal rating was significant in no instance.

Table 73.

Director's innovativeness (1) or conservatism (5) in instituting programs.

SITE	STAFF ACTUAL		STAFF IDEAL	
	Mean	S. D.	Mean	S. D.
Chicago ¹	3.62	1.41	1.62	1.41
Dalton	2.00	.71	2.40	.89
Fayetteville	2.73	1.49	2.21	.98
Huntington	1.91	1.31	2.00	1.35
La Junta	1.85	.77	1.92	1.00
Los Angeles ¹	4.00	1.00	1.87	1.46
Newark	3.30	1.57	2.50	1.43
Newport	1.60	.70	1.50	.71
Omaha ¹	3.66	1.80	1.88	1.36
Pine Ridge	2.25	1.48	2.08	1.00
Portland	2.60	1.58	2.10	.99

All staffs feel that PCC leadership should be innovative. Three Centers in this group that were seen as having more cautious direction were faulted (via ideal ratings) for being so.

Table 74.

Degree to which staffs feel they work "with" (1) of "for" (5) the Director.

SITE	STAFF ACTUAL		STAFF IDEAL	
	Mean	S. D.	Mean	S. D.
Chicago ¹	3.87	1.81	1.62	.92
Dalton ¹	2.40	1.14	1.60	.89
Fayetteville ¹	2.53	1.64	1.21	.58
Huntington	2.16	1.64	1.58	1.00
La Junta	2.28	1.38	1.85	1.23
Los Angeles	2.37	1.19	2.50	1.41
Newark	3.20	1.40	2.70	1.16
Newport	2.30	1.42	1.70	.95
Omaha ¹	3.44	1.94	1.66	1.00
Pine Ridge	3.08	1.73	2.25	1.22
Portland	2.30	1.42	1.90	.88

All Cluster 5 staffs definitely wanted to feel as if they were working "with" rather than "for" their Directors. There were three Centers where staff members felt that it was too much like working for their leader. It is interesting to note that two of those same Directors evoked dissatisfaction for not being innovative enough. Quite apparently, staff dislike the authoritative-traditional approach to running a Parent-Child Center.

Table 75. Frequency (1) or infrequency (5) of Center meetings.

SITE	STAFF ACTUAL		STAFF IDEAL	
	Mean	S. D.	Mean	S. D.
Chicago ¹	4.00	1.85	2.25	1.39
Dalton	2.60	.89	3.20	.89
Fayetteville	1.86	1.46	1.92	1.27
Huntington	2.25	1.48	2.00	.85
La Junta	1.85	1.23	2.21	1.05
Los Angeles	1.44	.88	2.00	1.07
Newark	3.40	1.43	2.50	1.35
Newport	1.50	.71	1.80	1.03
Omaha ¹	3.22	1.86	2.00	1.07
Pine Ridge	3.16	1.75	2.91	1.24
Portland	2.80	.63	2.90	.57

Finally, all staffs considered that meetings should be held relatively frequently. At two Centers it was felt that meetings were called too seldom. These are the same two faulted for taking the authoritarian and traditional approach (see Tables 73 and 74). A problem with staff-Director interactions at those PCC's is evident.